

## INTRODUCTION

Yamhill Community Care has a list of covered drugs called a Formulary. A committee of doctors and pharmacists decide which drugs should be on this list.

The current formulary is on our Yamhill Community Care website: <https://Yamhillcco.org/members/pharmacy-drug-list/> You can also call our Customer Service team with questions about covered drugs using one of the following numbers between 8 a.m. - 5 p.m., Monday through Friday:

- Customer Service: 503-488-2800
- Toll-Free: 855-722-8205
- TTY/TDD users should call 711

## GETTING YOUR PRESCRIPTION COVERED

Some drugs may require our approval, also called a prior authorization. This means your doctor will need to check with us before we will cover the drug. If we do not cover the drug, you can ask your doctor if there is a different drug on the formulary that will work for you.

If there is not another drug that will work for you, you can ask your doctor to mail or fax us a Prior Authorization Form.

## DRUGS THAT ARE NOT COVERED

- Drugs not listed in the formulary
- Drugs removed from the formulary in updates
- Drugs used to treat conditions that are not covered by the Oregon Health Plan, such as fibromyalgia, allergic rhinitis, acne and chronic back pain
- Drugs that have specific age restrictions
- Drugs used for cosmetic purposes
- Drugs used for non-medically accepted reasons
- Drugs that are experimental and used in research studies
- Drug kits are excluded unless the product is only available as a kit. Kits typically contain a pre-packaged drug along with items you need to use with the drug (e.g., gloves, shampoo)
- Prenatal vitamins that contain docosahexaenoic acid (DHA).

Mental health drugs are covered directly by Oregon Health Plan (OHP), not Yamhill Community Care. These drugs are not listed in the Yamhill Community Care formulary.

Please ask your pharmacy or contact your mental health service provider for more information on mental health drug coverage. We also cover Over-the-Counter (OTC) drugs only if they are listed in the formulary. These OTC drugs are covered if your doctor gives you a prescription.

## **HOW DO I USE THE FORMULARY?**

Covered drugs are listed by what medical condition they treat. If you have high blood pressure, look under cardiovascular agents. If you use an inhaler, look under respiratory tract/pulmonary agents. The formulary will tell you if there are any coverage restrictions.

## **WHAT IS A COVERAGE RESTRICTION?**

Some drugs may have special rules for us to cover them. The formulary will tell you if your drug has a restriction. Most drugs are available for 90-day supply per fill on select maintenance drugs. These drugs are referenced in the Yamhill Community Care formulary as “ELIGIBLE FOR 90 DAY SUPPLY”. All other drugs are available up to 30-day supply per fill.

### **Exceptions:**

Members will be limited to a 7-day supply of opioids if there is no history of the member filling an opioid drug in our system in the past 108 days.

### Prior Authorization (PA)

If a drug is marked with **PA** in the Notes section, your doctor will need to send us a prior authorization request. We cannot pay for the drug unless we approve the request in advance.

### Quantity Limit (QL)

If a drug has **QL** marked in the Notes section, it means we will only cover a certain amount. Your doctor will need to send us a prior authorization request to cover more than this amount.

### Step Therapy (ST)

If a drug has **ST** marked in the Notes section this means we may ask you to try another drug first. If the drug we ask you to try first does not work for you, we will cover the other drug.

### Limited Access (LA)

If a drug has **LA** marked in the Notes section, this drug may be available only at certain pharmacies.

### Specialty Medications (S)

If a drug has an **S** marked in the Notes section this means these drugs must be processed/obtained through our Yamhill Community Care Specialty network. Specialty

drugs are available through [Credena Health](#), located at 6348 NE Halsey St., Suite A, Portland, OR 97213. To reach Credena Health by phone, call 503-962-1700 or 1-855-360-5476. For more information, please call our Customer Service team at the numbers listed above.

#### Over-the-Counter (OTC)

If a drug has OTC marked in the Notes section. We will cover this if your doctor writes you a prescription. You will need to give the prescription to the pharmacist.

Below is a list of drug name formatting patterns that may appear in the following pages.

#### List of Patterns.

***lowercase italics***: Generic drugs

**UPPERCASE**: Brand Name drugs

## **CAN THE FORMULARY CHANGE?**

Yes, Yamhill Community Care makes regular formulary updates. Formulary updates are posted on the following website <https://yamhillcco.org/members/pharmacy-drug-list/>. Generally, drugs on the formulary should not change during the year unless:

- The same medication becomes available in generic form
- The FDA views a drug to be unsafe
- The drug's manufacturer removes the drug from the market

## **HOW DO I FILL MY PRESCRIPTION?**

Fill your prescription at a Yamhill Community Care Network Pharmacy. Each time you fill your prescription, show your Yamhill Community Care identification card. You can look through our online provider directory at <https://yamhillcco.org/members/find-a-provider/> to find a pharmacy. If you have questions or need help finding a pharmacy call our Customer Service team at the numbers listed above.

## **WHAT IF MY DRUG IS NOT ON THE FORMULARY?**

If your drug is not on the formulary, it means we do not cover it. Your doctor can send us a prior authorization form if they think a formulary drug is not right for you. We will review your doctor's request. We may approve this request if another formulary drug would likely not work for you.

## **WHAT IF I URGENTLY NEED A DRUG THAT IS NOT ON THE FORMULARY?**

You may need a drug urgently that is not on our formulary. If this happens, you, your appointed representative or doctor will need to contact us immediately or call us after office hours. In all cases we will review the request within one day (24 hours) of receiving the request.

## **WHAT IF YAMHILL COMMUNITY CARE DENIES MY PRIOR AUTHORIZATION OR FORMULARY EXCEPTION REQUEST?**

If we deny your request, you have the right to appeal and ask us to change our decision. You can do this by requesting an Appeal. We must receive your request **within 60 days** from the date of notice. Call our Customer Service team at the numbers listed above. They can explain how to send us your appeal.

### **REFILL-TOO-SOON EXCEPTIONS**

The earliest date that you can refill a prescription after getting a 30-day supply is 23 days after the last refill. If there has been a change in your prescription order from your doctor and you need more medication than the current directions, please contact your pharmacy or provider for an updated prescription.

You can get this document in large print, another language or any way that is best for you. You can ask for help from an interpreter. Help is free. Yamhill Community Care Customer Service: 503-488-2800 or 1-855-722-8205 (TTY/TDD: 711)

## English

You can get this document in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 855-722-8205 or TTY 711. We accept relay calls.

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You can get help from a certified and qualified health care interpreter.

## Spanish

Puede obtener este documento en otros idiomas, en letra grande, braille o en un formato que usted prefiera. También puede recibir los servicios de un intérprete. Esta ayuda es gratuita. Llame al servicio de atención al cliente 855-722-8205 o TTY 711.

Aceptamos todas las llamadas de retransmisión.

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Usted puede obtener ayuda de un intérprete certificado y calificado en atención de salud.

## Russian

Вы можете получить это документ на другом языке, напечатанное крупным шрифтом, шрифтом Брайля или в предпочитаемом вами формате. Вы также можете запросить услуги переводчика. Эта помощь предоставляется бесплатно.

Звоните по тел. 855-722-8205 или TTY 711. Мы принимаем звонки по линии трансляционной связи.

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Вы можете получить помощь от аккредитованного и квалифицированного медицинского переводчика.

## Vietnamese

Quý vị có thể nhận tài liệu này bằng một ngôn ngữ khác, theo định dạng chữ in lớn, chữ nổi Braille hoặc một định dạng khác theo ý muốn. Quý vị cũng có thể yêu cầu được thông dịch viên hỗ trợ. Sự trợ giúp này là miễn phí. Gọi 855-722-8205 hoặc TTY (Đường dây

Dành cho Người Khiếm thính hoặc Khuyết tật về Phát âm) 711.  
Chúng tôi chấp nhận các cuộc gọi chuyển tiếp.

Quý vị có thể nhận được sự giúp đỡ từ một thông dịch viên có chứng nhận và đủ tiêu chuẩn chuyên về chăm sóc sức khỏe.

#### Arabic

يمكنكم الحصول على هذا وثيقة بلغات أخرى، أو مطبوعة بخط كبير، أو مطبوعة على طريقة برايل أو حسب الصيغة المفضلة لديكم. كما يمكنكم طلب مترجم شفهي. إن هذه المساعدة مجانية. اتصلو على 855-722-8205 أو المبرقة الكاتبة 711. نستقبل المكالمات المحولة.

يمكنكم الحصول على المساعدة من مترجم معتمد ومؤهل في مجال الرعاية الصحية.

#### Somali

Waxaad heli kartaa warqadan oo ku qoran luqaddo kale, far waaweyn, farta dadka indhaha aan qabin wax ku akhriyaan ee Braille ama qaabka aad doorbidayso. Waxaad sidoo kale codsan kartaa turjubaan. Taageeradani waa lacag la'aan. Wac 855-722-8205 ama TTY 711. Waa aqbalnaa wicitaanada gudbinta.

Waxaad caawimaad ka heli kartaa turjubaanka daryeelka caafimaadka oo xirfad leh isla markaana la aqoonsan yahay.

#### Simplified Chinese

您可获取本文件的其他语言版、大字版、盲文版或您偏好的格式版本。您还可要求提供口译员服务。本帮助免费。致电855-722-8205 或TTY 711。我们会接听所有的转接来电。

您可以从经过认证且合格的医疗口语翻译人员那里获得帮助。

#### Traditional Chinese

您可獲得本信息函的其他語言版本、大字版、盲文版或您偏好的格

式。您也可申請口譯員。以上協助均為免費。請致電855-722-8205或聽障專線 711。我們接受所有傳譯電話。

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您可透過經認證的合格醫療保健口譯員取得協助。

### Korean

이문서는 다른 언어, 큰 활자, 점자 또는 선호하는 형식으로 받아보실 수 있습니다. 통역사를 요청하실 수도 있습니다. 무료 지원해 드립니다. 855-722-8205 또는 TTY 711에 전화하십시오. 저희는 중계 전화를 받습니다.

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공인 및 자격을 갖춘 의료서비스 전문 통역사의 도움을 받으실 수 있습니다.

### Chuukese

En mi tongeni angei ei taropwe non pwan ew fosun fenu, mese watte mak, Braille ika pwan ew format ke mwochen. En mi tongeni pwan tingor emon chon chiaku Ei aninis ese fokkun pwan kamo. Kokori 855-722-8205 ika TTY 711. Kich mi etiwa ekkewe keken relay.

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En mi tongeni kopwe angei aninis seni emon mi certified ika qualified ren chon chiaku ren health care.

### Ukrainian

Ви можете отримати цей довідник іншими мовами, крупним шрифтом, шрифтом Брайля або у форматі, якому ви надаєте перевагу. Ви також можете попросити надати послуги перекладача. Ця допомога є безкоштовною. Дзвоніть по номеру телефону 855-722-8205 або телетайпу 711. Ми приймаємо всі дзвінки, які на нас переводять.

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Ви можете отримати допомогу від сертифікованого та кваліфікованого медичного перекладача.

**Farsi**

می‌توانید این نامه را به زبان‌های دیگر، درشت‌خط، بریل یا قالب ترجیحی دیگری دریافت کنید. می‌توانید مترجم شفاهی نیز درخواست کنید. این کمک رایگان است. با 722-855-8205 یا TTY 711 تماس بگیرید. تماس‌های رله را می‌پذیریم.

- می‌توانید از یک مترجم شفاهی دارای گواهی و باکفایت در زمینه بهداشت و

**Swahili**

Unaweza kupata herufi hii kwa lugha zingine, kwa herufi kubwa, kwa lugha ya maandishi kwa vipofu au namna yeyote unayopendelea. Unaweza pia kuomba mkalimani. Msaada huu ni wa bure. Piga 855-722-8205 au TTY 711. Tunakubali simu za kupitisha ujumbe.

- Unaweza pata usaidizi kutoka kwa mkalimani wa huduma ya afya aliyehitimu.

**Burmese**

ဤစာကို အချားဘာသာစကားမ်း၊ ပုံနှိပ်ဖွဲ့စည်းမှု၊ မ်ကျမင်းအကြံကတောရးလှ သို့မဟုတ် သင်္ဃိမိုးဝိဇ္ဇာညွှန်ပုံစံပုဒ်ရယူနိုင်ပါသည်။ သင့်ညွှန်စကားပုဒ်စာလုံးလည်း စောင့်ဆိုနိုင်ပါသည်။ ဤအကူအညီသည် အခမဲ့ပစ္စည်းများကို 855-722-8205 သို့မဟုတ် 711 ကို ဖုန်းဆက်ပါ။ ထပ်ဆင့်ဆိုင်ခန်းများကို ကြားနားပို့လက်ပါသည်။

- သင့်ညွှန်ဆိုင်ခန်းလက်ကားရုံး အရည်အသွေးရှိသည့် ကနဦးမေးခွဲစောင့်ရှောက်မှု စကားပုဒ်စာလုံး အကူအညီရယူနိုင်ပါသည်။

## Amharic

ይህንን ደብዳቤ በሌሎች ቋንቋዎች፣ በትልቅ ህትመት፣ በብሬይል ወይም እርሶ በሚመርጡት መልኩ ማግኘት ይቻላል። በተጨማሪም አስተርጓሚ መጠየቅም ይቻላል። ይህ ድጋፍ የሚሰጠው በነጻ ነው። ወደ 855-722-8205 ወይም TTY 711 ይደውሉ። የሪሌይ ፕሪዎችን እንቀበላለን።

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ፍቃድ ካለው እና ብቃት ካለው የጤና እንክብካቤ አስተርጓሚ ድጋፍ ማግኘት ይቻላል።

## Romanian

Puteți obține această scrisoare în alte limbi, cu scris cu litere majuscule, în Braille sau într-un format preferat. De asemenea, puteți solicita un interpret. Aceste servicii de asistență sunt gratuite. Sunați la 855-722-8205 sau TTY 711. Acceptăm apeluri adaptate persoanelor surdomute.

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Puteți obține ajutor din partea unui interpret de îngrijire medicală certificat și calificat.

**CURRENT AS OF 9/1/2025**

Drug Name	Notes
<b>ALTERNATIVE THERAPY</b>	
<b>Alternative Therapy - Antioxidant</b>	
EYE HEALTH PLUS LUTEIN ORAL TABLET 300 MCG-200 MG-27 MG-2 MG	
HEALTHY EYES ORAL TABLET 300 MCG-200 MG-27 MG-2 MG	
OCUVITE WITH LUTEIN ORAL TABLET 300 MCG-200 MG-27 MG-2 MG	
PROSIGHT ORAL TABLET 5,000-60-30 UNIT-MG-UNIT	
VISION FORMULA (WITH LUTEIN) ORAL TABLET 300 MCG-200 MG-27 MG-2 MG	
<b>ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC</b>	
<b>Analgesic Opioid Agonists</b>	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	PA; QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day); Note (PA FOR AGE <18)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	PA; QL (15 EA per 30 days); QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>hydromorphone oral liquid 1 mg/ml</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>hydromorphone rectal suppository 3 mg</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>methadone oral concentrate 10 mg/ml</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

Drug Name	Notes
<i>methadone oral tablet 10 mg, 5 mg</i>	PA; QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>methadone oral tablet,soluble 40 mg</i>	PA; QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
METHADOSE ORAL TABLET,SOLUBLE 40 MG	PA; QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>morphine oral tablet 15 mg, 30 mg</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>oxycodone oral capsule 5 mg</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>oxycodone oral concentrate 20 mg/ml</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>oxycodone oral solution 5 mg/5 ml</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>tramadol oral tablet 50 mg</i>	PA; QL (8 EA per 1 day); QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day); Note (PA FOR AGE <18)

Drug Name	Notes
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	PA; QL (2 EA per 1 day); QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day); Note (PA FOR AGE <18)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	PA; QL (1 EA per 1 day); QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day); Note (PA FOR AGE <18)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	PA; QL (2 EA per 1 day); QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day); Note (PA FOR AGE <18)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	PA; QL (1 EA per 1 day); QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day); Note (PA FOR AGE <18)
<b>Analgesic Opioid Codeine Combinations</b>	
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	PA; QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day); Note (PA FOR AGE <18)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	PA; QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day); Note (PA FOR AGE <18)
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	PA; QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day); Note (PA FOR AGE <18)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	PA; QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day); Note (PA FOR AGE <18)
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>	PA; QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day); Note (PA FOR AGE <18)
<b>Analgesic Opioid Hydrocodone And Non-Salicylate Combinations</b>	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	

Drug Name	Notes
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<b>Analgesic Opioid Hydrocodone And Nsaid Combinations</b>	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<b>Analgesic Opioid Hydrocodone Combinations</b>	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<b>Analgesic Opioid Oxycodone And Non-Salicylate Combinations</b>	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<b>Analgesic Opioid Oxycodone Combinations</b>	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<b>Analgesic Opioid Partial-Mixed Agonists</b>	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	QL (5 ML per 30 days); QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

Drug Name	Notes
<b>Analgesic Opioid Tramadol And Non-Salicylate Combinations</b>	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	PA; QL (10 EA per 1 day); QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day); Note (PA FOR AGE <18)
<b>Analgesic Opioid Tramadol Combinations</b>	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	PA; QL (10 EA per 1 day); QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day); Note (PA FOR AGE <18)
<b>Analgesic Or Antipyretic Non-Opioid/Sedative Combinations</b>	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	
TENCON ORAL TABLET 50-325 MG	
<b>Analgesic Or Antipyretic Non-Opioid</b>	
8 HOUR PAIN RELIEVER ORAL TABLET EXTENDED RELEASE 650 MG	
8HR MUSCLE ACHES-PAIN ORAL TABLET EXTENDED RELEASE 650 MG	
ACETAMINOPHEN EXTRA STRENGTH ORAL TABLET 500 MG	
<i>acetaminophen oral liquid 160 mg/5 ml, 500 mg/15 ml</i>	
<i>acetaminophen oral solution 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml</i>	
<i>acetaminophen oral suspension 160 mg/5 ml, 160 mg/5 ml (5 ml), 650 mg/20.3 ml</i>	
<i>acetaminophen oral tablet 325 mg, 500 mg</i>	
<i>acetaminophen oral tablet extended release 650 mg</i>	
<i>acetaminophen oral tablet, chewable 160 mg</i>	
ACETAMINOPHEN PAIN RELIEF ORAL TABLET 500 MG	
<i>acetaminophen rectal suppository 120 mg, 650 mg</i>	
ARTHRITIS PAIN RELIEF (ACETAM) ORAL TABLET EXTENDED RELEASE 650 MG	
ARTHRITIS PAIN RELIEVER ORAL TABLET EXTENDED RELEASE 650 MG	
ATHENOL ORAL TABLET 325 MG	
BETATEMP ORAL SUSPENSION 160 MG/5 ML	

Drug Name	Notes
CHILD FEVER REDUCER-PAIN RELVR ORAL SUSPENSION 160 MG/5 ML	
CHILD PAIN REL-FEVER REDUCER RECTAL SUPPOSITORY 120 MG	
CHILDREN'S ACETAMINOPHEN ORAL LIQUID 160 MG/5 ML	
CHILDREN'S ACETAMINOPHEN ORAL SUSPENSION 160 MG/5 ML, 160 MG/5 ML (5 ML)	
CHILDREN'S ACETAMINOPHEN ORAL TABLET,CHEWABLE 160 MG	
CHILDREN'S FEVER REDUCING RECTAL SUPPOSITORY 120 MG	
CHILDREN'S MAPAP ORAL TABLET,CHEWABLE 160 MG	
CHILDREN'S NON-ASPIRIN ORAL SUSPENSION 160 MG/5 ML	
CHILDREN'S PAIN RELIEF ORAL ELIXIR 160 MG/5 ML	
CHILDREN'S PAIN RELIEF ORAL SUSPENSION 160 MG/5 ML	
CHILDREN'S PAIN RELIEF ORAL TABLET,CHEWABLE 160 MG	
CHILDREN'S PAIN RELIEVER ORAL SUSPENSION 160 MG/5 ML	
CHILDREN'S PAIN-FEVER RELIEF ORAL SUSPENSION 160 MG/5 ML	
CHILDREN'S PAIN-FEVER RELIEF ORAL TABLET,CHEWABLE 160 MG	
CHILDREN'S TYLENOL ORAL TABLET,CHEWABLE 160 MG	
ED-APAP ORAL LIQUID 160 MG/5 ML	
FEVER REDUCER RECTAL SUPPOSITORY 120 MG	
INFANT FEVER REDUCER-PAIN RELF ORAL SUSPENSION 160 MG/5 ML	
INFANT PAIN RELIEVER ORAL SUSPENSION 160 MG/5 ML	
INFANT'S ACETAMINOPHEN ORAL SUSPENSION 160 MG/5 ML	
INFANTS' PAIN AND FEVER ORAL SUSPENSION 160 MG/5 ML	
INFANTS' PAIN RELIEF ORAL SUSPENSION 160 MG/5 ML	
LITTLE REMEDIES FEVER AND PAIN ORAL LIQUID 160 MG/5 ML	
MAPAP (ACETAMINOPHEN) ORAL CAPSULE 500 MG	
MAPAP (ACETAMINOPHEN) ORAL LIQUID 500 MG/15 ML	
M-PAP ORAL LIQUID 160 MG/5 ML	

Drug Name	Notes
NON-ASPIRIN EXTRA STRENGTH ORAL TABLET 500 MG	
NON-ASPIRIN ORAL SUSPENSION 160 MG/5 ML	
NON-ASPIRIN ORAL TABLET 325 MG	
NON-ASPIRIN ORAL TABLET,CHEWABLE 80 MG	
NON-ASPIRIN PAIN RELIEF ORAL TABLET 500 MG	
NORTEMP ORAL DROPS 80 MG/0.8 ML	
NORTEMP ORAL SUSPENSION 160 MG/5 ML	
PAIN RELIEF (ACETAMINOPHEN) ORAL LIQUID 160 MG/5 ML	
PAIN RELIEF (ACETAMINOPHEN) ORAL TABLET 325 MG, 500 MG	
PAIN RELIEF (ACETAMINOPHEN) ORAL TABLET EXTENDED RELEASE 650 MG	
PAIN RELIEF ADULT ORAL LIQUID 500 MG/15 ML	
PAIN RELIEF ES (ACETAMINOPHEN) ORAL TABLET 500 MG	
PAIN RELIEVER (ACETAMINOPHEN) ORAL TABLET 325 MG, 500 MG	
PAIN RELIEVER ES(ACETAMINOPHN) ORAL TABLET 500 MG	
PHARBETOL ORAL TABLET 325 MG, 500 MG	
SHAKE THAT ACHE ORAL TABLET 500 MG	
<b>Analgesic,Non-Salicylate And 1St Generation Antihistamine Combinations</b>	
ACETAMINOPHEN PM EXTRA STR ORAL TABLET 25-500 MG	
ACETAMINOPHEN PM ORAL TABLET 25-500 MG	
EAZZZE THE PAIN ORAL TABLET 25-500 MG	
HEADACHE PM ORAL TABLET 25-500 MG	
NIGHT TIME PAIN MEDICINE ORAL TABLET 25-500 MG	
NON-ASPIRIN PM ORAL TABLET 25-500 MG	
PAIN AND SLEEP ORAL TABLET 25-500 MG	
PAIN RELIEF PM ORAL TABLET 25-500 MG	
PAIN RELIEF PM RAPID RELEASE ORAL TABLET 25-500 MG	
PAIN RELIEVER PM EX-STRENGTH ORAL TABLET 25-500 MG	
TYLENOL PM EXTRA STRENGTH ORAL TABLET 25-500 MG	
WAL-NADOL PM ORAL TABLET 25-500 MG	
<b>Anti-Inflammatory - Antimitotics</b>	
LODOCO ORAL TABLET 0.5 MG	PA

Drug Name	Notes
<b>Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective</b>	
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	PA; QL (4 ML per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	PA; QL (4 ML per 28 days); S
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	PA; QL (4 ML per 28 days); S
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	PA; QL (4 ML per 28 days); S
<b>Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Tnf-Alpha Sel</b>	
<i>adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml</i>	PA; QL (0.4 ML per 28 days); S
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; QL (2 EA per 28 days); S
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	PA; QL (2 SYR per 28 days); S
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	PA; QL (3 EA per 28 days); S
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	PA; QL (3 EA per 28 days); S
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	PA; QL (2 EA per 28 days); S
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	PA; QL (2 EA per 28 days); S
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	PA; QL (0.8 mL per 28 days); S
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	PA; QL (2 SYRINGES per 28 days); S
<b>Dmard - Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents</b>	
<i>adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml</i>	PA; QL (0.4 ML per 28 days); S
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	PA; QL (4 ML per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	PA; QL (4 ML per 28 days); S
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	PA; QL (4 ML per 28 days); S
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	PA; QL (4 ML per 28 days); S
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; QL (2 EA per 28 days); S
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	PA; QL (2 SYR per 28 days); S

<b>Drug Name</b>	<b>Notes</b>
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	PA; QL (3 EA per 28 days); S
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	PA; QL (3 EA per 28 days); S
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	PA; QL (2 EA per 28 days); S
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	PA; QL (2 EA per 28 days); S
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	PA; QL (0.8 mL per 28 days); S
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	PA; QL (2 SYRINGES per 28 days); S
<b>Dmard - Antimalarials</b>	
<i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	
<b>Dmard - Antimetabolites</b>	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	
<i>methotrexate sodium injection solution 25 mg/ml</i>	
<i>methotrexate sodium oral tablet 2.5 mg</i>	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	
<b>Dmard - Immunosuppressives</b>	
<i>azathioprine oral tablet 50 mg</i>	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	
<i>cyclophosphamide oral tablet 50 mg</i>	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	
<i>cyclosporine modified oral solution 100 mg/ml</i>	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	
GENGRAF ORAL SOLUTION 100 MG/ML	
<i>mycophenolate mofetil oral capsule 250 mg</i>	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	
<i>mycophenolate mofetil oral tablet 500 mg</i>	
<b>Dmard - Other</b>	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	
PENICILLAMINE(D-) POWDER	
<i>sulfasalazine oral tablet 500 mg</i>	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i>	

<b>Drug Name</b>	<b>Notes</b>
<b>Dmard - Pyrimidine Synthesis Inhibitors</b>	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	
<b>Immunomodulator - Rho Kinase Inhibitor</b>	
REZUROCK ORAL TABLET 200 MG	PA; QL (1 EA per 1 day); S; LA
<b>Immunomodulator B-Lymphocyte Stimulator (Blys)-Specific Inhibitor Mcab</b>	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	PA; QL (4 ML per 28 days); S; LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	PA; QL (4 ML per 28 days); S; LA
<b>Nsaid Analgesic And Prostaglandin Analog Combinations</b>	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	
<b>Nsaid Analgesic, Cyclooxygenase-2 (Cox-2) Selective Inhibitors</b>	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	
<b>Nsaid Analgesics (Cox Non-Specific) - Anthranilic Acid Derivatives</b>	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	
<b>Nsaid Analgesics (Cox Non-Specific) - Other</b>	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	PA; QL (20 ML per 28 days)
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	PA; QL (20 ML per 28 days)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	PA; QL (10 ML per 28 days)
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	PA; QL (10 ML per 28 days)
<i>ketorolac oral tablet 10 mg</i>	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	
<i>sulindac oral tablet 150 mg, 200 mg</i>	
<b>Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives</b>	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	
<b>Nsaid Analgesics (Cox Non-Specific) - Phenylacetic Acid Derivatives</b>	
<i>diclofenac potassium oral tablet 50 mg</i>	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	
<i>diclofenac sodium oral tablet,delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	
<b>Nsaid Analgesics (Cox Non-Specific) - Propionic Acid Derivatives</b>	
ADDAPRIN ORAL TABLET 200 MG	
ALL DAY PAIN RELIEF ORAL TABLET 220 MG	
ALL DAY RELIEF ORAL TABLET 220 MG	

Drug Name	Notes
CHILDREN'S IBUPROFEN ORAL SUSPENSION 100 MG/5 ML	
CHILDREN'S MOTRIN JR STRENGTH ORAL TABLET,CHEWABLE 100 MG	
CHILDREN'S PROFEN IB ORAL SUSPENSION 100 MG/5 ML	
<i>fenoprofen oral tablet 600 mg</i>	
FLANAX (NAPROXEN) ORAL TABLET 220 MG	
<i>flurbiprofen oral tablet 100 mg</i>	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	
IBU-200 ORAL TABLET 200 MG	
IBUPROFEN IB ORAL TABLET,CHEWABLE 100 MG	
IBUPROFEN JR STRENGTH ORAL TABLET,CHEWABLE 100 MG	
<i>ibuprofen oral capsule 200 mg</i>	
<i>ibuprofen oral drops,suspension 50 mg/1.25 ml</i>	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	
<i>ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	
<i>ibuprofen oral tablet,chewable 100 mg</i>	
INFANT'S IBUPROFEN ORAL DROPS,SUSPENSION 50 MG/1.25 ML	
INFANTS PROFENIB ORAL DROPS,SUSPENSION 50 MG/1.25 ML	
I-PRIN ORAL TABLET 200 MG	
<i>ketoprofen oral capsule 50 mg</i>	
MEDIPROXEN ORAL TABLET 220 MG	
MOTRIN IB ORAL CAPSULE 200 MG	
MOTRIN IB ORAL TABLET 200 MG	
<i>naproxen oral suspension 125 mg/5 ml</i>	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg</i>	
<i>naproxen sodium oral tablet 220 mg, 275 mg, 550 mg</i>	
<i>oxaprozin oral tablet 600 mg</i>	
WAL-PROFEN ORAL CAPSULE 200 MG	
WAL-PROFEN ORAL TABLET 200 MG	
WAL-PROXEN ORAL TABLET 220 MG	
<b>Nsaid Analgesics, (Cox Non-Specific) - Indole Acetic Acid Derivatives</b>	
<i>etodolac oral capsule 200 mg, 300 mg</i>	
<i>etodolac oral tablet 400 mg, 500 mg</i>	

Drug Name	Notes
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	
INDOCIN ORAL SUSPENSION 25 MG/5 ML	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	
<i>indomethacin oral capsule, extended release 75 mg</i>	
<i>indomethacin rectal suppository 50 mg</i>	
<b>Salicylate Analgesic And Sedative Combinations</b>	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	
<b>Salicylate Analgesics</b>	
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	
<i>aspirin oral tablet 325 mg</i>	
<i>aspirin oral tablet,chewable 81 mg</i>	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 500 mg, 650 mg, 81 mg</i>	
<i>aspirin rectal suppository 300 mg</i>	
BAYER ASPIRIN ORAL TABLET 325 MG	
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	
<i>diflunisal oral tablet 500 mg</i>	
ECOTRIN LOW STRENGTH ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	
VAZALORE ORAL CAPSULE 81 MG	
<b>ANESTHETICS</b>	
<b>General Anesthetic - Parenteral, Benzodiazepines</b>	
<i>midazolam (pf) injection solution 1 mg/ml, 5 mg/ml</i>	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>	
<i>midazolam injection solution 1 mg/ml, 5 mg/ml</i>	
<i>midazolam intravenous syringe 150 mg/30 ml (5 mg/ml)</i>	

Drug Name	Notes
<b>ANORECTAL PREPARATIONS</b>	
<b>Anorectal - Glucocorticoids</b>	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	
<b>Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb</b>	
PROCTOFOAM HC RECTAL FOAM 1-1 %	
<b>ANTIDOTES AND OTHER REVERSAL AGENTS</b>	
<b>Antidote - Acetaminophen Poisoning</b>	
<i>acetylcysteine (bulk) powder</i>	
<b>Chelating Agents - Copper</b>	
PENICILLAMINE(D-) POWDER	
<b>Chelating Agents - Iron</b>	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	S
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	S
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	S
<b>Opioid Reversal Agents - Opioid Antagonists</b>	
<i>naloxone injection solution 0.4 mg/ml</i>	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	
<b>ANTI-INFECTIVE AGENTS</b>	
<b>Aminoglycoside Antibiotic</b>	
<i>neomycin oral tablet 500 mg</i>	
<b>Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations</b>	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	

Drug Name	Notes
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	
<b>Aminopenicillin Antibiotic</b>	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	
<i>ampicillin oral capsule 500 mg</i>	
<b>Anthelmintic Agents - Benzimidazole Derivatives</b>	
<i>albendazole oral tablet 200 mg</i>	PA
EMVERM ORAL TABLET, CHEWABLE 100 MG	PA
<b>Anthelmintic Agents - Macrocyclic Lactones</b>	
<i>ivermectin oral tablet 3 mg</i>	PA
<b>Anthelmintic Agents Other</b>	
PINWORM TREATMENT ORAL SUSPENSION 50 MG/ML	
REESE'S PINWORM MEDICINE ORAL SUSPENSION 50 MG/ML	
<b>Antibacterial Folate Antagonist - Other Combinations</b>	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	
<b>Antibacterial Folate Antagonist Others</b>	
<i>trimethoprim oral tablet 100 mg</i>	
<b>Antibacterial Nitrofurantoin Derivatives</b>	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i>	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	
<b>Antibacterial Other</b>	
<i>fosfomicin tromethamine oral packet 3 gram</i>	
<b>Antifungal - Allylamines</b>	
<i>terbinafine hcl oral tablet 250 mg</i>	
<b>Antifungal - Amphoteric Polyene Macrolides</b>	
<i>nystatin oral tablet 500,000 unit</i>	
<b>Antifungal - Fluorinated Pyrimidine-Type Agents</b>	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	

<b>Drug Name</b>	<b>Notes</b>
<b>Antifungal - Triazoles</b>	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	PA; S; LA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	
<i>itraconazole oral capsule 100 mg</i>	PA
<i>itraconazole oral solution 10 mg/ml</i>	PA
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	PA
<b>Antifungal Other</b>	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	
<i>griseofulvin microsize oral tablet 500 mg</i>	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	
<b>Anti-Infective Immunologic Adjuvants - Interferons</b>	
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	PA; S; LA
<b>Antileprotic - Immunomodulators</b>	
THALOMID ORAL CAPSULE 100 MG, 50 MG	S; LA
<b>Antileprotic - Sulfone Agents</b>	
<i>dapsone oral tablet 100 mg, 25 mg</i>	
<b>Antimalarial Combinations</b>	
COARTEM ORAL TABLET 20-120 MG	
<b>Antimalarials</b>	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	
<i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	
<i>mefloquine oral tablet 250 mg</i>	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	
<i>pyrimethamine oral tablet 25 mg</i>	
<b>Antiprotozoal Agents - Nitroimidazole Derivatives</b>	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	QL (2 to 12 years old (60 EA per 365 days)); S; LA
<b>Antiprotozoal Agents - Other</b>	
<i>atovaquone oral suspension 750 mg/5 ml</i>	PA
<b>Antiprotozoal-Antibacterial 1St Generation 2-Methyl-5-Nitroimidazole</b>	
<i>metronidazole oral capsule 375 mg</i>	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	

Drug Name	Notes
<b>Antiprotozoal-Antibacterial 2Nd Generation 2-Methyl-5-Nitroimidazole</b>	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	
<b>Antiretroviral - Capsid Inhibitors</b>	
SUNLENCA ORAL TABLET 300 MG	S
YEZTUGO ORAL TABLET 300 MG	
<b>Antiretroviral - Ccr5 Co-Receptor Antagonist</b>	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
SELZENTRY ORAL SOLUTION 20 MG/ML	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antiretroviral - Cd4 Attachment Inhibitors</b>	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	S
<b>Antiretroviral - Hiv-1 Fusion Inhibitors</b>	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antiretroviral - Hiv-1 Integrase Strand Transfer Inhibitors</b>	
ISENTRESS HD ORAL TABLET 600 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
ISENTRESS ORAL TABLET 400 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
TIVICAY ORAL TABLET 50 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	QL (6 EA per 1 day); Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antiretroviral - Integrase Inhibitor And Nnrti Combinations</b>	
JULUCA ORAL TABLET 50-25 MG	
<b>Antiretroviral - Integrase Inhibitor And Nrti Combinations</b>	
DOVATO ORAL TABLET 50-300 MG	
<b>Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (Nnrti)</b>	
EDURANT ORAL TABLET 25 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>efavirenz oral tablet 600 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)

Drug Name	Notes
<i>etravirine oral tablet 100 mg, 200 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
INTELENCE ORAL TABLET 25 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>nevirapine oral tablet 200 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
PIFELTRO ORAL TABLET 100 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antiretroviral - Nucleoside And Nucleotide Analog Rtis Combinations</b>	
CIMDUO ORAL TABLET 300-300 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (Nrti)</b>	
<i>abacavir oral solution 20 mg/ml</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>abacavir oral tablet 300 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>emtricitabine oral capsule 200 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>lamivudine oral solution 10 mg/ml</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>zidovudine oral capsule 100 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>zidovudine oral syrup 10 mg/ml</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>zidovudine oral tablet 300 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors</b>	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)

Drug Name	Notes
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Note (ELIGIBLE FOR 90 DAY SUPPLY)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antiretroviral Combinations - Protease Inhibitors</b>	
EVOTAZ ORAL TABLET 300-150 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
PREZCOBIX ORAL TABLET 800-150 MG-MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antiretroviral- Nucleoside And Nucleotide Analogs,Protease Inhibitors</b>	
SYMTUZA ORAL TABLET 800-150-200-10 MG	S
<b>Antiretroviral-Integrase Inhibitor,Nucleoside And Nucleotide Rtis Comb</b>	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
GENVOYA ORAL TABLET 150-150-200-10 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
STRIBILD ORAL TABLET 150-150-200-300 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antiretroviral-Nucleoside Analogs And Integrase Inhibitor Combinations</b>	
TRIUMEQ ORAL TABLET 600-50-300 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (Nrti) Comb</b>	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antiretroviral-Nucleoside, Nucleotide Analogs And Non-Nucleoside Rti</b>	
DELSTRIGO ORAL TABLET 100-300-300 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)

<b>Drug Name</b>	<b>Notes</b>
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate oral tablet 200-25-300 mg</i>	
ODEFSEY ORAL TABLET 200-25-25 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antitubercular - D-Alanine Analogs</b>	
<i>cycloserine oral capsule 250 mg</i>	
<b>Antitubercular - Diarylquinoline Antibiotics</b>	
SIRTURO ORAL TABLET 100 MG, 20 MG	S; LA
<b>Antitubercular - Isonicotinic Acid Derivatives</b>	
<i>isoniazid oral solution 50 mg/5 ml</i>	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	
<b>Antitubercular - Niacinamide Derivatives</b>	
<i>pyrazinamide oral tablet 500 mg</i>	
<b>Antitubercular - Rifamycin And Derivatives</b>	
<i>rifabutin oral capsule 150 mg</i>	
<i>rifampin oral capsule 150 mg, 300 mg</i>	
<b>Antitubercular Agents Other</b>	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	
<b>Cephalosporin Antibiotics - 1St Generation</b>	
<i>cefadroxil oral capsule 500 mg</i>	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml</i>	
<i>cefadroxil oral tablet 1 gram</i>	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	
<b>Cephalosporin Antibiotics - 2Nd Generation</b>	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	
<b>Cephalosporin Antibiotics - 3Rd Generation</b>	
<i>cefdinir oral capsule 300 mg</i>	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	
<i>cefixime oral capsule 400 mg</i>	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	
<b>Cmv Antiviral Agent - Nucleoside Analogs</b>	
<i>valganciclovir oral recon soln 50 mg/ml</i>	QL (36 ML per 1 day); S

<b>Drug Name</b>	<b>Notes</b>
<i>valganciclovir oral tablet 450 mg</i>	QL (4 EA per 1 day); S
<b>Cmv Antiviral Agent - Terminase Complex Inhibitors</b>	
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	QL (4 EA per 1 day); S; LA
PREVYMIS ORAL TABLET 240 MG, 480 MG	S; LA
<b>Fluoroquinolone Antibiotics</b>	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	
<i>levofloxacin oral solution 250 mg/10 ml</i>	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	
<b>Glycopeptide Antibiotics</b>	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	
<i>vancomycin oral recon soln 50 mg/ml</i>	
<b>Hepatitis B Treatment- Nucleoside Analogs (Antiviral)</b>	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	S
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	S
<i>lamivudine oral tablet 100 mg</i>	
<b>Hepatitis B Treatment- Nucleotide Analogs (Antiviral)</b>	
<i>adefovir oral tablet 10 mg</i>	QL (1 EA per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
VEMLIDY ORAL TABLET 25 MG	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Note (ELIGIBLE FOR 90 DAY SUPPLY)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Hepatitis C - Interferons</b>	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	S
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	S
<b>Hepatitis C - Ns5a Inhibitor And Ns3/4A Protease Inhibitor Combination</b>	
MAVYRET ORAL TABLET 100-40 MG	PA; S
<b>Hepatitis C - Ns5b Polymerase And Ns5a Inhibitor Combinations</b>	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	PA; S
<b>Hepatitis C - Nucleoside Analogs</b>	
<i>ribavirin oral capsule 200 mg</i>	
<i>ribavirin oral tablet 200 mg</i>	
<b>Herpes Antiviral Agent - Purine Analogs</b>	
<i>acyclovir oral capsule 200 mg</i>	

<b>Drug Name</b>	<b>Notes</b>
<i>acyclovir oral suspension 200 mg/5 ml</i>	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	
<b>Herpes Antiviral Agent - Thymidine Analogs</b>	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	
<b>Influenza Antiviral Agents - Neuraminidase Inhibitors</b>	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	
<b>Influenza-A Antiviral Agents</b>	
<i>rimantadine oral tablet 100 mg</i>	
<b>Lincosamide Antibiotics</b>	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	
<b>Macrolide Antibiotics</b>	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	QL (136 ML per 30 days)
DIFICID ORAL TABLET 200 MG	QL (20 EA per 30 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	
<b>Misc Anti-Infective</b>	
<i>methenamine hippurate oral tablet 1 gram</i>	
<i>pentamidine inhalation recon soln 300 mg</i>	S
<b>Oxazolidinone Antibiotics</b>	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	
<i>linezolid oral tablet 600 mg</i>	
SIVEXTRO ORAL TABLET 200 MG	QL (6 EA per 30 days); S

Drug Name	Notes
<b>Penicillin Antibiotic - Natural</b>	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	
<b>Penicillin Antibiotic - Penicillinase-Resistant</b>	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	
<b>Protease Inhibitors (Non-Peptidic) Antiretroviral</b>	
APTIVUS ORAL CAPSULE 250 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>darunavir oral tablet 600 mg, 800 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
PREZCOBIX ORAL TABLET 800-150 MG-MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
PREZISTA ORAL SUSPENSION 100 MG/ML	Note (ELIGIBLE FOR 90 DAY SUPPLY)
PREZISTA ORAL TABLET 150 MG, 75 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Protease Inhibitors (Peptidic) Antiretroviral</b>	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
EVOTAZ ORAL TABLET 300-150 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>fosamprenavir oral tablet 700 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
NORVIR ORAL POWDER IN PACKET 100 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
REYATAZ ORAL POWDER IN PACKET 50 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>ritonavir oral tablet 100 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Rifamycins And Related Derivative Antibiotics</b>	
<i>rifabutin oral capsule 150 mg</i>	
<i>rifampin oral capsule 150 mg, 300 mg</i>	
XIFAXAN ORAL TABLET 200 MG, 550 MG	PA; QL (3 EA per 1 day)
<b>Sars-Cov-2 Antiviral Agent - Main Protease (Mpro) Inhibitors</b>	
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5), 300 MG (150 MG X 2)-100 MG	

Drug Name	Notes
<b>Tetracycline Antibiotics</b>	
AVIDOXY ORAL TABLET 100 MG	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg</i>	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	
MONDOXYNE NL ORAL CAPSULE 100 MG	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	
<b>ANTINEOPLASTICS</b>	
<b>Antineoplastic-Epiderm.Growth Factor-Egfr (ErbB1),Her-2 (ErbB2)R.Inhib</b>	
<i>lapatinib oral tablet 250 mg</i>	PA; QL (6 EA per 1 day); S
<b>Antineoplastic - Cyp17 (17 Alpha-Hydroxylase/C17,20-Lyase) Inhibitor</b>	
<i>abiraterone oral tablet 250 mg</i>	PA; QL (4 EA per 1 day); S
ABIRTEGA ORAL TABLET 250 MG	PA; QL (4 EA per 1 day); S
<b>Antineoplastic - 1St Generation Egfr Tyrosine Kinase Inhibitor</b>	
<i>erlotinib oral tablet 100 mg, 150 mg</i>	PA; QL (1 EA per 1 day); S
<i>erlotinib oral tablet 25 mg</i>	PA; QL (3 EA per 1 day); S
<i>gefitinib oral tablet 250 mg</i>	PA; QL (1 EA per 1 day); S; LA
<b>Antineoplastic - 2Nd Generation Egfr Tyrosine Kinase Inhibitor</b>	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	PA; QL (1 EA per 1 day); S; LA
NERLYNX ORAL TABLET 40 MG	PA; QL (6 EA per 1 day); S; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	PA; QL (1 EA per 1 day); S; LA
<b>Antineoplastic - 3Rd Generation Egfr Tyrosine Kinase Inhibitor</b>	
TAGRISSO ORAL TABLET 40 MG, 80 MG	PA; QL (1 EA per 1 day); S; LA
<b>Antineoplastic - Akt (Protein Kinase B (Pkb)) Inhibitor</b>	
TRUQAP ORAL TABLET 160 MG, 200 MG	PA; QL (64 EA per 28 days); S; LA
<b>Antineoplastic - Alkylating Agent - Alkyl Sulfonates</b>	
MYLERAN ORAL TABLET 2 MG	

Drug Name	Notes
<b>Antineoplastic - Alkylating Agent - Methylhydrazines</b>	
MATULANE ORAL CAPSULE 50 MG	S; LA
<b>Antineoplastic - Alkylating Agent - Nitrogen Mustards</b>	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	
<i>cyclophosphamide oral tablet 50 mg</i>	
LEUKERAN ORAL TABLET 2 MG	
<b>Antineoplastic - Alkylating Agent - Nitrosoureas</b>	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	S
<b>Antineoplastic - Alkylating Agent - Triazines</b>	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	PA; S
<b>Antineoplastic - Anaplastic Lymphoma Kinase (Alk) Inhibitors</b>	
ALECENSA ORAL CAPSULE 150 MG	PA; QL (8 EA per 1 day); S; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	PA; QL (1 EA per 1 day); S; LA
ALUNBRIG ORAL TABLET 30 MG	PA; QL (4 EA per 1 day); S; LA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	PA; QL (1 EA per 1 day); S; LA
LORBRENA ORAL TABLET 100 MG	PA; QL (1 EA per 1 day); S; LA
LORBRENA ORAL TABLET 25 MG	PA; QL (3 EA per 1 day); S; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	PA; QL (4 EA per 1 day); S; LA
XALKORI ORAL PELLETT 150 MG	PA; QL (6 EA per 1 day); S; LA
XALKORI ORAL PELLETT 20 MG, 50 MG	PA; QL (4 EA per 1 day); S; LA
ZYKADIA ORAL TABLET 150 MG	PA; QL (3 EA per 1 day); S; LA
<b>Antineoplastic - Antiadrenals</b>	
LYSODREN ORAL TABLET 500 MG	PA; S; LA
<b>Antineoplastic - Antiandrogens</b>	
<i>abiraterone oral tablet 250 mg</i>	PA; QL (4 EA per 1 day); S
ABIRTEGA ORAL TABLET 250 MG	PA; QL (4 EA per 1 day); S
<i>bicalutamide oral tablet 50 mg</i>	
ERLEADA ORAL TABLET 240 MG	PA; QL (1 EA per 1 day); S; LA
ERLEADA ORAL TABLET 60 MG	PA; QL (4 EA per 1 day); S; LA
EULEXIN ORAL CAPSULE 125 MG	
<i>nilutamide oral tablet 150 mg</i>	S
NUBEQA ORAL TABLET 300 MG	PA; QL (4 EA per 1 day); S; LA
XTANDI ORAL CAPSULE 40 MG	PA; S; LA
XTANDI ORAL TABLET 40 MG, 80 MG	PA; S; LA

Drug Name	Notes
<b>Antineoplastic - Antimetabolite - Folic Acid Analogs</b>	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	
<i>methotrexate sodium injection solution 25 mg/ml</i>	
<i>methotrexate sodium oral tablet 2.5 mg</i>	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	
<b>Antineoplastic - Antimetabolite - Purine Analogs</b>	
<i>mercaptopurine oral suspension 20 mg/ml</i>	S
<i>mercaptopurine oral tablet 50 mg</i>	
TABLOID ORAL TABLET 40 MG	
<b>Antineoplastic - Antimetabolite - Pyrimidine Analogs</b>	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	S
ONUREG ORAL TABLET 200 MG, 300 MG	PA; QL (14 EA per 28 days); S
<b>Antineoplastic - Antimetabolite - Urea Derivatives</b>	
<i>hydroxyurea oral capsule 500 mg</i>	
<b>Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations</b>	
LONSURF ORAL TABLET 15-6.14 MG	PA; S; LA
LONSURF ORAL TABLET 20-8.19 MG	PA; QL (8 EA per 1 day); S; LA
<b>Antineoplastic - Aromatase Inhibitors</b>	
<i>anastrozole oral tablet 1 mg</i>	
<i>exemestane oral tablet 25 mg</i>	
<i>letrozole oral tablet 2.5 mg</i>	
<b>Antineoplastic - B-Cell Lymphoma-2 (Bcl-2) Inhibitors</b>	
VENCLEXTA ORAL TABLET 10 MG	PA; QL (2 EA per 1 day); S; LA
VENCLEXTA ORAL TABLET 100 MG	PA; QL (6 EA per 1 day); S; LA
VENCLEXTA ORAL TABLET 50 MG	PA; QL (1 EA per 1 day); S; LA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	PA; QL (42 EA per 28 days); S; LA
<b>Antineoplastic - Braf Kinase Inhibitors</b>	
BRAFTOVI ORAL CAPSULE 75 MG	PA; QL (6 EA per 1 day); S; LA
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	PA; QL (96 ML per 28 days); S
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	PA; QL (1 box per 28 days); S
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	PA; QL (4 EA per 1 day); S; LA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	PA; QL (30 EA per 1 day); S; LA
ZELBORAF ORAL TABLET 240 MG	PA; S; LA

Drug Name	Notes
<b>Antineoplastic - Bruton's Tyrosine Kinase (Btk) Inhibitor</b>	
BRUKINSA ORAL CAPSULE 80 MG	PA; QL (4 EA per 1 day); S; LA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	PA; QL (2 EA per 1 day); S; LA
IMBRUVICA ORAL CAPSULE 140 MG	PA; QL (2 EA per 1 day); S; LA
IMBRUVICA ORAL CAPSULE 70 MG	PA; QL (3 EA per 1 day); S; LA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	PA; QL (6 ML per 1 day); S; LA
IMBRUVICA ORAL TABLET 420 MG	PA; QL (1 EA per 1 day); S; LA
JAYPIRCA ORAL TABLET 100 MG	PA; QL (3 EA per 1 day); S; LA
JAYPIRCA ORAL TABLET 50 MG	PA; QL (1 EA per 1 day); S; LA
<b>Antineoplastic - Cyclin-Dependent Kinase (Cdk) 4/6 Inhibitors</b>	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	PA; QL (21 EA per 28 days); S; LA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	PA; QL (21 EA per 28 days); S; LA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	PA; QL (21 EA per 28 days); S
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	PA; QL (42 EA per 28 days); S
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	PA; QL (63 EA per 28 days); S
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	PA; QL (2 EA per 1 day); S; LA
<b>Antineoplastic - Epidermal Growth Factor Receptor-2 (Her2) Inhibitor</b>	
TUKYSA ORAL TABLET 150 MG	PA; QL (4 EA per 1 day); S; LA
TUKYSA ORAL TABLET 50 MG	PA; QL (10 EA per 1 day); S; LA
<b>Antineoplastic - Epipodophyllotoxins</b>	
<i>etoposide oral capsule 50 mg</i>	S
<b>Antineoplastic - Exportin-1 (Xpo1) Inhibitors</b>	
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	PA; QL (8 EA per 28 days); S; LA
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	PA; S; LA
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	PA; QL (4 EA per 28 days); S; LA
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	PA; QL (24 EA per 28 days); S; LA
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	PA; QL (32 EA per 28 days); S; LA
<b>Antineoplastic - Ezh2 Histone Methyltransferase (Hmt) Inhibitor</b>	
TAZVERIK ORAL TABLET 200 MG	PA; QL (8 EA per 1 day); S; LA
<b>Antineoplastic - Fibroblast Growth Factor Receptor (Fgfr) Kinase Inhib</b>	
BALVERSA ORAL TABLET 3 MG	PA; QL (3 EA per 1 day); S; LA
BALVERSA ORAL TABLET 4 MG	PA; QL (2 EA per 1 day); S; LA

<b>Drug Name</b>	<b>Notes</b>
BALVERSA ORAL TABLET 5 MG	PA; QL (1 EA per 1 day); S; LA
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	PA; QL (3 EA per 1 day); S; LA
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	PA; QL (4 EA per 1 day); S; LA
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	PA; QL (5 EA per 1 day); S; LA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	PA; QL (14 EA per 21 days); S; LA
<b>Antineoplastic - Fms-Like Tyrosine Kinase 3 (Flt3) Inhibitors</b>	
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	PA; QL (2 EA per 1 day); S; LA
XOSPATA ORAL TABLET 40 MG	PA; QL (3 EA per 1 day); S; LA
<b>Antineoplastic - Gamma-Secretase Inhibitor (Gsi)</b>	
OGSIVEO ORAL TABLET 100 MG, 150 MG	PA; QL (2 EA per 1 day); S
OGSIVEO ORAL TABLET 50 MG	PA; QL (6 EA per 1 day); S
<b>Antineoplastic - Hedgehog Pathway Inhibitor</b>	
DAURISMO ORAL TABLET 100 MG	PA; QL (1 EA per 1 day); S
DAURISMO ORAL TABLET 25 MG	PA; QL (2 EA per 1 day); S
ERIVEDGE ORAL CAPSULE 150 MG	PA; QL (1 EA per 1 day); S; LA
ODOMZO ORAL CAPSULE 200 MG	PA; QL (1 EA per 1 day); S
<b>Antineoplastic - Histone Deacetylase (Hdac) Inhibitors</b>	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	PA; QL (6 EA per 21 days); S
ZOLINZA ORAL CAPSULE 100 MG	PA; QL (4 EA per 1 day); S; LA
<b>Antineoplastic - Hypoxia Inducible Factor (Hif) Inhibitors</b>	
WELIREG ORAL TABLET 40 MG	PA; QL (3 EA per 1 day); S; LA
<b>Antineoplastic - Janus Kinase (Jak) Inhibitors</b>	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	PA; QL (2 EA per 1 day); S; LA
<b>Antineoplastic - Janus Kinase (Jak), Acvr1/Alk2 Inhibitors</b>	
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	PA; QL (1 EA per 1 day); S; LA
<b>Antineoplastic - Janus Kinase(Jak),Fms-Like Tyrosine Kinase(Flt) Inhib</b>	
INREBIC ORAL CAPSULE 100 MG	PA; QL (4 EA per 1 day); S; LA
VONJO ORAL CAPSULE 100 MG	PA; QL (4 EA per 1 day); S; LA
<b>Antineoplastic - Kirsten Rat Sarcoma (Kras) Protein Inhibitor</b>	
KRAZATI ORAL TABLET 200 MG	PA; QL (6 EA per 1 day); S; LA
LUMAKRAS ORAL TABLET 120 MG	PA; QL (8 EA per 1 day); S; LA
LUMAKRAS ORAL TABLET 240 MG	PA; S; LA
LUMAKRAS ORAL TABLET 320 MG	PA; QL (3 EA per 1 day); S; LA
<b>Antineoplastic - Lhrh (Gnrh) Agonist Analog Pituitary Suppressants</b>	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	PA

Drug Name	Notes
<b>Antineoplastic - Lhrh (Gnrh) Antagonist Pituitary Suppressants</b>	
ORGOVYX ORAL TABLET 120 MG	PA; QL (32 EA per 30 days); S; LA
<b>Antineoplastic - Mek Kinase Inhibitors</b>	
COTELLIC ORAL TABLET 20 MG	PA; QL (63 EA per 28 days); S; LA
GOMEKLI ORAL CAPSULE 1 MG	PA; QL (8 EA per 1 day); S
GOMEKLI ORAL CAPSULE 2 MG	PA; QL (4 EA per 1 day); S
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	PA; QL (8 EA per 1 day); S
KOSELUGO ORAL CAPSULE 10 MG	PA; QL (8 EA per 1 day); S; LA
KOSELUGO ORAL CAPSULE 25 MG	PA; QL (4 EA per 1 day); S; LA
MEKINIST ORAL RECON SOLN 0.05 MG/ML	PA; QL (40 ML per 1 day); S; LA
MEKINIST ORAL TABLET 0.5 MG	PA; QL (3 EA per 1 day); S; LA
MEKINIST ORAL TABLET 2 MG	PA; QL (1 EA per 1 day); S; LA
MEKTOVI ORAL TABLET 15 MG	PA; QL (6 EA per 1 day); S; LA
<b>Antineoplastic - Menin Inhibitors</b>	
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	PA; QL (2 EA per 1 day); S
<b>Antineoplastic - Mtor Kinase Inhibitors</b>	
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	PA; QL (1 EA per 1 day); S
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	PA; QL (1 EA per 1 day)
<b>Antineoplastic - Multikinase Inhibitors</b>	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	PA; QL (1 EA per 1 day); S; LA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	PA; QL (2 EA per 1 day); S; LA
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	PA; QL (4 EA per 1 day); S; LA
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	PA; QL (3 EA per 1 day); S; LA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	PA; QL (1 EA per 1 day); S; LA
<i>sorafenib oral tablet 200 mg</i>	PA; QL (4 EA per 1 day); S
STIVARGA ORAL TABLET 40 MG	PA; QL (84 EA per 28 days); S; LA
<b>Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (Midh1) Inhibitors</b>	
REZLIDHIA ORAL CAPSULE 150 MG	PA; QL (2 EA per 1 day); S; LA
TIBSOVO ORAL TABLET 250 MG	PA; QL (2 EA per 1 day); S; LA
<b>Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (Midh2) Inhibitors</b>	
IDHIFA ORAL TABLET 100 MG, 50 MG	PA; QL (1 EA per 1 day); S; LA

Drug Name	Notes
<b>Antineoplastic - Other</b>	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	
<b>Antineoplastic - Parp Inhibitor And Antiandrogen Combinations</b>	
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	PA; QL (2 EA per 1 day); S; LA
<b>Antineoplastic - Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors</b>	
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	PA; QL (2 EA per 1 day); S; LA
ZYDELIG ORAL TABLET 100 MG, 150 MG	PA; QL (2 EA per 1 day); S; LA
<b>Antineoplastic - Pi3k-Alpha Inhibitors</b>	
ITOVEBI ORAL TABLET 3 MG	PA; QL (2 EA per 1 day); S
ITOVEBI ORAL TABLET 9 MG	PA; QL (1 EA per 1 day); S
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	PA; QL (1 EA per 1 day); S
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	PA; QL (2 EA per 1 day); S
<b>Antineoplastic - Pi3k-Delta And Gamma Inhibitors</b>	
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	PA; QL (2 EA per 1 day); S; LA
<b>Antineoplastic - Pi3k-Delta Inhibitors</b>	
ZYDELIG ORAL TABLET 100 MG, 150 MG	PA; QL (2 EA per 1 day); S; LA
<b>Antineoplastic - Poly (Adp-Ribose) Polymerase (Parp) Inhibitors</b>	
LYNPARZA ORAL TABLET 100 MG, 150 MG	PA; QL (4 EA per 1 day); S; LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	PA; QL (4 EA per 1 day); S; LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	PA; QL (1 EA per 1 day); S; LA
TALZENNA ORAL CAPSULE 0.25 MG	PA; QL (3 EA per 1 day); S; LA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	PA; QL (1 EA per 1 day); S; LA
<b>Antineoplastic - Progestins</b>	
<i>megestrol oral tablet 20 mg, 40 mg</i>	
<b>Antineoplastic - Proteasome Enzyme Inhibitors</b>	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	PA; QL (3 EA per 28 days); S; LA
<b>Antineoplastic - Protein-Tyrosine Kinase Inhibitors</b>	
AUGTYRO ORAL CAPSULE 160 MG	PA; QL (2 EA per 1 day); S; LA
AUGTYRO ORAL CAPSULE 40 MG	PA; QL (8 EA per 1 day); S; LA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	PA; QL (1 EA per 1 day); S; LA
BOSULIF ORAL CAPSULE 100 MG	PA; QL (6 EA per 1 day); S; LA
BOSULIF ORAL CAPSULE 50 MG	PA; QL (1 EA per 1 day); S; LA

Drug Name	Notes
BOSULIF ORAL TABLET 100 MG	PA; QL (4 EA per 1 day); S; LA
BOSULIF ORAL TABLET 400 MG, 500 MG	PA; QL (1 EA per 1 day); S; LA
BRUKINSA ORAL CAPSULE 80 MG	PA; QL (4 EA per 1 day); S; LA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	PA; QL (2 EA per 1 day); S; LA
CAPRELSA ORAL TABLET 100 MG	PA; QL (2 EA per 1 day); S; LA
CAPRELSA ORAL TABLET 300 MG	PA; QL (1 EA per 1 day); S; LA
DANZITEN ORAL TABLET 71 MG, 95 MG	PA; S
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	PA; QL (1 EA per 1 day); S
<i>dasatinib oral tablet 20 mg</i>	PA; QL (3 EA per 1 day); S
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	PA; QL (21 EA per 28 days); S; LA
FRUZAQLA ORAL CAPSULE 1 MG	PA; QL (105 EA per 28 days); S; LA
FRUZAQLA ORAL CAPSULE 5 MG	PA; QL (21 EA per 28 days); S; LA
<i>imatinib oral tablet 100 mg, 400 mg</i>	PA; S
IMBRUVICA ORAL CAPSULE 140 MG	PA; QL (2 EA per 1 day); S; LA
IMBRUVICA ORAL CAPSULE 70 MG	PA; QL (3 EA per 1 day); S; LA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	PA; QL (6 ML per 1 day); S; LA
IMBRUVICA ORAL TABLET 420 MG	PA; QL (1 EA per 1 day); S; LA
INLYTA ORAL TABLET 1 MG	PA; S; LA
INLYTA ORAL TABLET 5 MG	PA; QL (4 EA per 1 day); S; LA
JAYPIRCA ORAL TABLET 100 MG	PA; QL (3 EA per 1 day); S; LA
JAYPIRCA ORAL TABLET 50 MG	PA; QL (1 EA per 1 day); S; LA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	PA; QL (1 EA per 1 day); S; LA
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	PA; QL (3 EA per 1 day); S; LA
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	PA; QL (2 EA per 1 day); S; LA
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	PA; QL (4 EA per 1 day); S
OFEV ORAL CAPSULE 100 MG, 150 MG	PA; S; LA
<i>pazopanib oral tablet 200 mg</i>	PA; QL (4 EA per 1 day); S
QINLOCK ORAL TABLET 50 MG	PA; QL (3 EA per 1 day); S; LA
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	PA; QL (8 EA per 28 days); S
ROZLYTREK ORAL CAPSULE 100 MG	PA; QL (5 EA per 1 day); S; LA
ROZLYTREK ORAL CAPSULE 200 MG	PA; QL (3 EA per 1 day); S; LA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	PA; QL (12 EA per 1 day); S; LA
RYDAPT ORAL CAPSULE 25 MG	PA; QL (8 EA per 1 day); S
SCEMBLIX ORAL TABLET 100 MG	PA; QL (4 EA per 1 day); S
SCEMBLIX ORAL TABLET 20 MG, 40 MG	PA; QL (2 EA per 1 day); S

<b>Drug Name</b>	<b>Notes</b>
<i>sunitinib malate oral capsule 12.5 mg</i>	PA; QL (3 EA per 1 day); S
<i>sunitinib malate oral capsule 25 mg, 37.5 mg, 50 mg</i>	PA; QL (1 EA per 1 day); S
TABRECTA ORAL TABLET 150 MG, 200 MG	PA; QL (4 EA per 1 day); S
TEPMETKO ORAL TABLET 225 MG	PA; QL (2 EA per 1 day); S; LA
TURALIO ORAL CAPSULE 125 MG	PA; QL (4 EA per 1 day); S; LA
<b>Antineoplastic - Retinoids</b>	
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	PA; S
<b>Antineoplastic - Selective Estrogen Receptor Degraders (Serds)</b>	
ORSERDU ORAL TABLET 345 MG	PA; QL (1 EA per 1 day); S; LA
ORSERDU ORAL TABLET 86 MG	PA; QL (3 EA per 1 day); S; LA
<b>Antineoplastic - Selective Estrogen Receptor Modulators (Serms)</b>	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	
<i>toremifene oral tablet 60 mg</i>	S
<b>Antineoplastic - Selective Inhibitors Of Nuclear Export (Sine)</b>	
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	PA; QL (8 EA per 28 days); S; LA
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	PA; S; LA
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	PA; QL (4 EA per 28 days); S; LA
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	PA; QL (24 EA per 28 days); S; LA
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	PA; QL (32 EA per 28 days); S; LA
<b>Antineoplastic - Selective Ret Kinase Inhibitor</b>	
GAVRETO ORAL CAPSULE 100 MG	PA; QL (4 EA per 1 day); S; LA
RETEVMO ORAL TABLET 120 MG, 160 MG	PA; QL (2 EA per 1 day); S
RETEVMO ORAL TABLET 40 MG	PA; QL (6 EA per 1 day); S
RETEVMO ORAL TABLET 80 MG	PA; QL (4 EA per 1 day); S
<b>Antineoplastic - Selective Retinoid X Receptor Agonists</b>	
<i>bexarotene oral capsule 75 mg</i>	PA; QL (10 EA per 1 day); S
<b>Antineoplastic - Thalidomide Analogs</b>	
<i>lenalidomide oral capsule 10 mg, 2.5 mg, 5 mg</i>	PA; QL (1 EA per 1 day); S; LA
<i>lenalidomide oral capsule 15 mg, 20 mg, 25 mg</i>	PA; QL (21 EA per 28 days); S; LA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	PA; QL (21 EA per 28 days); S; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	S; LA

Drug Name	Notes
<b>Antineoplastic - Topoisomerase I Inhibitors</b>	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	S; LA
<b>Antineoplastic - Tropomyosin Receptor Kinase (Trk) Inhibitor</b>	
VITRAKVI ORAL CAPSULE 100 MG	PA; QL (2 EA per 1 day); S
VITRAKVI ORAL CAPSULE 25 MG	PA; QL (6 EA per 1 day); S
VITRAKVI ORAL SOLUTION 20 MG/ML	PA; QL (10 ML per 1 day); S
<b>Antineoplastic-Isocitrate Dehydrogenase-1 And -2 (Idh1 And Idh2) Inhib</b>	
VORANIGO ORAL TABLET 10 MG	PA; QL (60 EA per 30 days); S
VORANIGO ORAL TABLET 40 MG	PA; QL (30 EA per 30 days); S
<b>Antineoplastic-Pyrimidine Analog And Cytidine Deaminase Inhibitor Comb</b>	
INQOVI ORAL TABLET 35-100 MG	PA; QL (5 EA per 28 days); S; LA
<b>Fluorouracil And Related Rescue Agents</b>	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	S; LA
<b>Methotrexate Rescue Agents - Folic Acid Antagonist Type</b>	
<i>leucovorin calcium oral tablet 5 mg</i>	
<b>Methotrexate Rescue Agents</b>	
<i>leucovorin calcium oral tablet 5 mg</i>	
<b>ANTISEPTICS AND DISINFECTANTS</b>	
<b>Antiseptic - Alcohols</b>	
ALCOHOL PADS TOPICAL PADS, MEDICATED	
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	
<i>alcohol swabs topical pads, medicated</i>	
ALCOHOL WIPES TOPICAL PADS, MEDICATED	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED	
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED	
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED	
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED	
IV PREP WIPES TOPICAL PADS, MEDICATED	
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	

Drug Name	Notes
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED	
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED	
WEBCOL TOPICAL PADS, MEDICATED	
<b>BIOLOGICALS</b>	
<b>Hepatitis A And Hepatitis B Vaccine Combinations</b>	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT-20 MCG/ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
<b>Hepatitis A Vaccine - Single Agents</b>	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
<b>Hepatitis B Vaccine Combinations</b>	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT-10 MCG/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
<b>Hepatitis B Vaccines - Single Agents</b>	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)

Drug Name	Notes
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
<b>Immune Globulin - Gamma Globulin (Igg), Human</b>	
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	PA; S
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	PA; S
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	PA; S; LA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	PA; S; LA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	PA; S; LA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	PA; S; LA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	PA; S; LA
<b>Live Vaccine And Live Virus Formulations</b>	
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	

Drug Name	Notes
ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION 1 ML	
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
VIVOTIF ORAL CAPSULE, DELAYED RELEASE(DR/EC) 2 BILLION UNIT	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	
<b>Toxoid Vaccine Combinations</b>	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)

Drug Name	Notes
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 62 DU/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)

Drug Name	Notes
<b>Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric)</b>	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT	
<b>Vaccine Bacterial - Gram Negative Cocci</b>	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
<b>Vaccine Bacterial - Gram Positive Cocci</b>	
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	QL (0.5 ML per 1 Lifetime); Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	QL (0.5 ML per 1 day); Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	QL (1 DOSE (0.5 ML) per lifetime); Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)

Drug Name	Notes
<b>Vaccine Bacterial - Meningococcal Group B Vaccines</b>	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
<b>Vaccine Bacterial - Other</b>	
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
<b>Vaccine Bacterial - Toxin-Producing Bacilli</b>	
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	
<b>Vaccine Mixed Combinations (Bacterial And Viral)</b>	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
<b>Vaccine Viral - Dengue</b>	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	
<b>Vaccine Viral - Ebola</b>	
ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION 1 ML	
<b>Vaccine Viral - Human Papillomavirus (Hpv) Vaccines</b>	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	QL (3 DOSES (1.5ML) per lifetime); Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	QL (3 DOSES (1.5ML) per lifetime); Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
<b>Vaccine Viral - Japanese Encephalitis</b>	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	

Drug Name	Notes
<b>Vaccine Viral - Measles</b>	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
<b>Vaccine Viral - Mpox</b>	
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
<b>Vaccine Viral - Mumps And Related</b>	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
<b>Vaccine Viral - Poliomyelitis</b>	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
<b>Vaccine Viral - Rabies</b>	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
<b>Vaccine Viral - Respiratory Syncytial Virus (Rsv)</b>	
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	Note (Covered at Vaccine for Children facilities for <19 years old)
AREXVY ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG	Note (Covered at Vaccine for Children facilities for <19 years old)
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	

Drug Name	Notes
<b>Vaccine Viral - Rotavirus</b>	
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
<b>Vaccine Viral - Rubella</b>	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
<b>Vaccine Viral - Smallpox</b>	
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
<b>Vaccine Viral - Varicella</b>	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	QL (2 DOSES (1.0ML) per lifetime); Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
<b>Vaccine Viral - Yellow Fever</b>	
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	
<b>Vaccine Viral Combinations</b>	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)

Drug Name	Notes
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	Note (COVERED AT VACCINE FOR CHILDREN FACILITIES FOR <19 YEARS OLD)
<b>CARDIOVASCULAR THERAPY AGENTS</b>	
<b>Ace Inhibitor And Calcium Channel Blocker Combinations</b>	
<i>amlodipine-benazepril oral capsule 10-40 mg, 5-40 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Ace Inhibitor And Diuretic Combinations</b>	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Ace Inhibitors</b>	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>enalapril maleate oral solution 1 mg/ml</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)

<b>Drug Name</b>	<b>Notes</b>
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Aldosterone Receptor Antagonists</b>	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
KERENDIA ORAL TABLET 10 MG, 20 MG	PA; QL (1 EA per 1 day); Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Alpha-Beta Blockers</b>	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Angiotensin II Receptor Blocker (Arb)-Calcium Channel Blocker Comb.</b>	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Angiotensin II Receptor Blocker (Arb)-Diuretic Combinations</b>	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg</i>	QL (1 EA per 1 day); Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg, 80-25 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)

Drug Name	Notes
<b>Angiotensin II Receptor Blocker-Nephrilysin Inhibitor Comb. (Arni)</b>	
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Angiotensin II Receptor Blockers (Arbs)</b>	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>telmisartan oral tablet 20 mg, 40 mg</i>	QL (1 EA per 1 day); Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>telmisartan oral tablet 80 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antianginal - Coronary Vasodilators (Nitrates)</b>	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	
NITRO-BID TRANSDERMAL OINTMENT 2 %	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	
<b>Antianginal And Anti-Ischemic Agents, Non-Hemodynamic</b>	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antiarrhythmic - Class Ia</b>	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)

<b>Drug Name</b>	<b>Notes</b>
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antiarrhythmic - Class Ib</b>	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antiarrhythmic - Class Ic</b>	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antiarrhythmic - Class Ii</b>	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antiarrhythmic - Class Iii</b>	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
MULTAQ ORAL TABLET 400 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
PACERONE ORAL TABLET 200 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antiarrhythmic - Class Iv</b>	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antihyperlipidemic - Atp-Citrate Lyase (Acly) Inhibitor</b>	
NEXLETOL ORAL TABLET 180 MG	PA; Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antihyperlipidemic - Bile Acid Sequestrants</b>	
<i>cholestyramine (with sugar) oral powder 4 gram</i>	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	
<i>colesevelam oral tablet 625 mg</i>	
<i>colestipol oral granules 5 gram</i>	
<i>colestipol oral packet 5 gram</i>	

Drug Name	Notes
<i>colestipol oral tablet 1 gram</i>	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	
<b>Antihyperlipidemic - Fibrin Acid Derivatives</b>	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>fenofibric acid (choline) oral capsule, delayed release(drlec) 135 mg, 45 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>gemfibrozil oral tablet 600 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antihyperlipidemic - Hmg Coa Reductase Inhibitors (Statins)</b>	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antihyperlipidemic - Nicotinic Acid Derivatives</b>	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antihyperlipidemic - Omega-3 Fatty Acid Type</b>	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	PA; Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antihyperlipidemic - Pcsk9 Inhibitor, Monoclonal Antibody (Mab)</b>	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	PA; QL (2 ML per 28 days); S; Note (ELIGIBLE FOR 90 DAY SUPPLY)
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	PA; QL (3.5 ML per 28 days); Note (ELIGIBLE FOR 90 DAY SUPPLY)

<b>Drug Name</b>	<b>Notes</b>
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	PA; QL (2 ML per 28 days); Note (ELIGIBLE FOR 90 DAY SUPPLY)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	PA; QL (2 ML per 28 days); Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antihyperlipidemic - Pcsk9 Inhibitors</b>	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	PA; QL (2 ML per 28 days); S; Note (ELIGIBLE FOR 90 DAY SUPPLY)
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	PA; QL (3.5 ML per 28 days); Note (ELIGIBLE FOR 90 DAY SUPPLY)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	PA; QL (2 ML per 28 days); Note (ELIGIBLE FOR 90 DAY SUPPLY)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	PA; QL (2 ML per 28 days); Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor</b>	
<i>ezetimibe oral tablet 10 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antihyperlipidemic Agents - Dietary Source Combinations</b>	
<i>vitamin e oral capsule 268 mg (400 unit)</i>	
<b>Antihyperlipidemic- Atp-Citrate Lyase And Cholesterol Absorption Inhib</b>	
NEXLIZET ORAL TABLET 180-10 MG	PA; Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antihyperlipidemic Hmg Coa Reduct Inhib And Calcium Channel Blocker</b>	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity</b>	
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Beta Blockers Cardiac Selective</b>	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)

<b>Drug Name</b>	<b>Notes</b>
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity</b>	
<i>pindolol oral tablet 10 mg, 5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Beta Blockers Non-Cardiac Selective</b>	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Bradykinin B2 Receptor Antagonists</b>	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	PA; QL (18 ML per 30 days); S; LA
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	PA; QL (18 ML per 30 days); S; LA
<b>Calcium Channel Blockers - Benzothiazepines</b>	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)

<b>Drug Name</b>	<b>Notes</b>
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific</b>	
<i>nimodipine oral capsule 30 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Calcium Channel Blockers - Dihydropyridines</b>	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 25.5 mg, 34 mg, 8.5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Calcium Channel Blockers - Phenylalkylamines</b>	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Cardiac Myosin Inhibitor</b>	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	PA; QL (1 EA per 1 day); S; LA; Note (ELIGIBLE FOR 90 DAY SUPPLY)

Drug Name	Notes
<b>Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb.</b>	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents</b>	
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	QL (2 PENS per 30 days); LA
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	QL (2 PENS per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	
<b>Cardiovascular Sympathomimetics</b>	
<i>epinephrine injection solution 1 mg/ml</i>	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	
<b>Central Alpha-2 Agonists-Thiazide Diuretic And Related Comb.</b>	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Central Alpha-2 Receptor Agonists</b>	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Digitalis Glycosides</b>	
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Direct Acting Vasodilators</b>	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)

<b>Drug Name</b>	<b>Notes</b>
<b>Diuretic - Aldosterone Receptor Antagonist, Non-Selective</b>	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Diuretic - Aldosterone Receptor Antagonist, Selective</b>	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Diuretic - Carbonic Anhydrase Inhibitors</b>	
<i>acetazolamide oral capsule, extended release 500 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Diuretic - Loop</b>	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>ethacrynic acid oral tablet 25 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Diuretic - Potassium Sparing</b>	
<i>amiloride oral tablet 5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Diuretic - Potassium Sparing-Thiazide And Related Combinations</b>	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists</b>	
<i>tolvaptan oral tablet 30 mg</i>	PA; S; Note (ELIGIBLE FOR 90 DAY SUPPLY)

Drug Name	Notes
<b>Diuretic - Thiazides And Related</b>	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors</b>	
CORLANOR ORAL SOLUTION 5 MG/5 ML	PA; LA; Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	PA
<b>Non-Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb.</b>	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Pah Agents - Selective Prostacyclin Receptor (Ip) Agonists</b>	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	PA; QL (2 EA per 1 day); S; LA; Note (ELIGIBLE FOR 90 DAY SUPPLY)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	PA; S; LA; Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Peripheral Alpha-1 Receptor Blockers</b>	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>phenoxybenzamine oral capsule 10 mg</i>	S; Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Plasma Kallikrein Inhibitor Agents, Recombinant Monoclonal Antibody</b>	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	PA; QL (4 ML per 28 days); S; LA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	PA; QL (2 ML per 28 days); S; LA
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	PA; QL (4 ML per 28 days); S; LA

Drug Name	Notes
<b>Plasma Kallikrein Inhibitor Agents, Small Molecule</b>	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	PA; QL (1 EA per 1 day); S; LA
<b>Pulmonary Antihypertensive Agent - Activin Receptor Iia-Fc (Actriia)</b>	
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 90 MG (45 MG X 2)	PA; QL (1 EA per 42 days); S
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	PA; QL (1 kit per 21 days); S
<b>Pulmonary Antihypertensive Agents - Prostacyclin-Type</b>	
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	PA; S; Note (ELIGIBLE FOR 90 DAY SUPPLY)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	PA; S; LA; Note (ELIGIBLE FOR 90 DAY SUPPLY)
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	PA; S; LA; Note (ELIGIBLE FOR 90 DAY SUPPLY)
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	PA; S; LA; Note (ELIGIBLE FOR 90 DAY SUPPLY)
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	PA; S; LA; Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator</b>	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	PA; S; LA; Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists</b>	
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PA; S; LA; Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PA; S; LA; Note (ELIGIBLE FOR 90 DAY SUPPLY)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	PA; S; LA; Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Pulmonary Arterial Hypertension - Selective Cgmp-Pde5 Inhibitors</b>	
ALYQ ORAL TABLET 20 MG	QL (2 EA per 1 day); Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	PA; S; Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	QL (2 EA per 1 day); Note (ELIGIBLE FOR 90 DAY SUPPLY)

Drug Name	Notes
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>	
<b>Agents To Treat Episodic Cluster Headaches</b>	
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	PA; QL (3 ML per 28 days)
<b>Antianxiety Agent - Antihistamine Type</b>	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	
<b>Antianxiety Agent - Benzodiazepines</b>	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	
<b>Anticonvulsant - Ampa-Type Glutamate Receptor Antagonists</b>	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	ST; QL (24 ML per 1 day)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	ST; QL (1 EA per 1 day)
<b>Anticonvulsant - Barbiturates And Derivatives</b>	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	
<b>Anticonvulsant - Benzodiazepines</b>	
<i>clobazam oral suspension 2.5 mg/ml</i>	
<i>clobazam oral syringe 10 mg/4 ml</i>	
<i>clobazam oral tablet 10 mg, 20 mg</i>	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	QL (10 EA per 30 days)
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	QL (10 EA per 30 days)
<b>Anticonvulsant - Cannabinoid Type</b>	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	PA; S; LA
<b>Anticonvulsant - Carbamates</b>	
<i>felbamate oral suspension 600 mg/5 ml</i>	

<b>Drug Name</b>	<b>Notes</b>
<i>felbamate oral tablet 400 mg, 600 mg</i>	
<b>Anticonvulsant - Functionalized Amino Acid</b>	
<i>lacosamide oral solution 10 mg/ml</i>	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	
<b>Anticonvulsant - Gaba Analogs</b>	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	
<i>gabapentin oral solution 250 mg/5 ml</i>	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	
<i>pregabalin oral solution 20 mg/ml</i>	QL (30 ML per 1 day)
<b>Anticonvulsant - Gaba Re-Uptake Inhibitor, Nipecotic Acid Derivatives</b>	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	
<b>Anticonvulsant - Gaba Transaminase (Gaba-T) Inhibitor</b>	
<i>vigabatrin oral powder in packet 500 mg</i>	S; LA
<i>vigabatrin oral tablet 500 mg</i>	PA; S; LA
VIGADRONE ORAL POWDER IN PACKET 500 MG	S; LA
VIGADRONE ORAL TABLET 500 MG	PA; S; LA
<b>Anticonvulsant - Hydantoins</b>	
DILANTIN ORAL CAPSULE 30 MG	
<i>phenytoin oral suspension 125 mg/5 ml</i>	
<i>phenytoin oral tablet, chewable 50 mg</i>	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	
<b>Anticonvulsant - Iminostilbene Derivatives</b>	
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	
<i>carbamazepine oral tablet 200 mg</i>	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	
<i>carbamazepine oral tablet, chewable 100 mg</i>	
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i>	ST; QL (1 EA per 1 day)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	ST; QL (2 EA per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	

<b>Drug Name</b>	<b>Notes</b>
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg</i>	
<b>Anticonvulsant - Monosaccharide Derivatives</b>	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg, 50 mg</i>	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	PA; QL (1 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	
<b>Anticonvulsant - Pyrrolidine Derivatives</b>	
BRIVIACT ORAL SOLUTION 10 MG/ML	ST; QL (20 ML per 1 day)
BRIVIACT ORAL TABLET 10 MG	ST; QL (4 EA per 1 day)
BRIVIACT ORAL TABLET 100 MG, 25 MG, 50 MG, 75 MG	ST; QL (2 EA per 1 day)
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	
ROWEEPRA ORAL TABLET 500 MG	
<b>Anticonvulsant - Succinimides</b>	
<i>ethosuximide oral capsule 250 mg</i>	
<i>ethosuximide oral solution 250 mg/5 ml</i>	
<i>methsuximide oral capsule 300 mg</i>	
<b>Anticonvulsant - Sulfonamide Derivatives</b>	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	
<b>Anticonvulsant - Triazole Derivatives</b>	
<i>rufinamide oral suspension 40 mg/ml</i>	ST
<i>rufinamide oral tablet 200 mg, 400 mg</i>	ST
<b>Anticonvulsant Others</b>	
DIACOMIT ORAL CAPSULE 250 MG	PA; QL (12 EA per 1 day); S; LA
DIACOMIT ORAL CAPSULE 500 MG	PA; QL (6 EA per 1 day); S; LA
DIACOMIT ORAL POWDER IN PACKET 250 MG	PA; QL (12 EA per 1 day); S; LA
DIACOMIT ORAL POWDER IN PACKET 500 MG	PA; QL (6 EA per 1 day); S; LA
FINTEPLA ORAL SOLUTION 2.2 MG/ML	PA; QL (12 ML per 1 day); S; LA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1)	ST
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1)	ST; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	ST; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	ST; QL (2 EA per 1 day)

Drug Name	Notes
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	ST; QL (28 EA per 365 days)
<b>Antiparkinson - Dopaminergic-Periph Comt-Dopa-Decarboxylase Inhib Comb</b>	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	
<b>Antiparkinson - Dopaminerg-Peripheral Dopa-Decarboxylase Inhibit Comb</b>	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	
<b>Antiparkinson Adjuvant - Adenosine Receptor Antagonist</b>	
NOURIANZ ORAL TABLET 20 MG, 40 MG	QL (1 EA per 1 day); S; LA
<b>Antiparkinson Adjuvant - Peripheral Comt Inhibitors</b>	
<i>entacapone oral tablet 200 mg</i>	
<b>Antiparkinson Adjuvant - Peripheral Dopa-Decarboxylase Inhibitors</b>	
<i>carbidopa oral tablet 25 mg</i>	
<b>Antiparkinson Therapy - Anticholinergic Agents</b>	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	
<b>Antiparkinson Therapy - Dopamine Precursors</b>	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	QL (10 EA per 1 day); LA
<b>Antiparkinson Therapy - Ergot Alkaloids And Derivatives</b>	
<i>bromocriptine oral capsule 5 mg</i>	
<i>bromocriptine oral tablet 2.5 mg</i>	
<b>Antiparkinson Therapy - Monoamine Oxidase Inhibitor(Mao-B)</b>	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	
<i>selegiline hcl oral capsule 5 mg</i>	
<i>selegiline hcl oral tablet 5 mg</i>	
<b>Antiparkinson Therapy - Non-Ergot Dopamine Agonist Agents</b>	
<i>amantadine hcl oral capsule 100 mg</i>	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	

<b>Drug Name</b>	<b>Notes</b>
<i>amantadine hcl oral tablet 100 mg</i>	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 8 mg</i>	QL (2 EA per 1 day)
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg, 6 mg</i>	QL (1 EA per 1 day)
<b>Antipsychotic - Phenothiazines, Piperazine</b>	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	
<b>Attention Deficit-Hyperactivity (Adhd) Therapy, Stimulant-Type</b>	
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 25 mg, 30 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg</i>	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	QL (1 EA per 1 day)
<i>lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	QL (1 EA per 1 day)
<b>METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG</b>	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	QL (1 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	QL (1 EA per 1 day)
<b>ZENZEDI ORAL TABLET 10 MG, 5 MG</b>	
<b>Benzodiazepines</b>	
<i>clobazam oral suspension 2.5 mg/ml</i>	

<b>Drug Name</b>	<b>Notes</b>
<i>clobazam oral syringe 10 mg/4 ml</i>	
<i>clobazam oral tablet 10 mg, 20 mg</i>	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	
<i>midazolam (pf) injection solution 1 mg/ml, 5 mg/ml</i>	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>	
<i>midazolam injection solution 1 mg/ml, 5 mg/ml</i>	
<i>midazolam intravenous syringe 150 mg/30 ml (5 mg/ml)</i>	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	QL (10 EA per 30 days)
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	QL (10 EA per 30 days)
<b>Bipolar Therapy Agents - Anticonvulsant Type</b>	
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	
<i>carbamazepine oral tablet 200 mg</i>	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	
<i>carbamazepine oral tablet, chewable 100 mg</i>	
<b>Cns Stimulant - Amphetamine Combinations</b>	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 25 mg, 30 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg</i>	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	
<b>Cns Stimulant - Amphetamines</b>	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	
ZENZEDI ORAL TABLET 10 MG, 5 MG	
<b>Fibromyalgia Agents - Gaba Analogs</b>	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	
<i>pregabalin oral solution 20 mg/ml</i>	QL (30 ML per 1 day)
<b>Hypnotics - Melatonin - Single Agents</b>	
CHILDREN'S SLEEP (MELATONIN) ORAL LIQUID 1 MG/ML	PA

<b>Drug Name</b>	<b>Notes</b>
<i>melatonin oral tablet 1 mg, 3 mg, 5 mg</i>	PA
<b>Hypnotics - Melatonin M1/M2 Receptor Agonists</b>	
<i>ramelteon oral tablet 8 mg</i>	PA; QL (1 EA per 1 day)
<b>Migraine Therapy - Cgrp Ligand Blocker, Monoclonal Antibody</b>	
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	PA; QL (1.5 ML per 28 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	PA; QL (1.5 ML per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	PA; QL (1 ML per 28 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	PA; QL (1 ML per 28 days)
<b>Migraine Therapy - Cgrp Receptor Blockers (Gepants And Mab)</b>	
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	PA; QL (1 ML per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	PA; QL (16 EA per 30 days)
<b>Migraine Therapy - Ergot Alkaloids And Derivatives</b>	
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	QL (8 ML per 30 days)
<b>Migraine Therapy - Ergot Combinations</b>	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	QL (40 EA per 28 days)
<b>Migraine Therapy - Selective Serotonin Agonists 5-Ht(1)</b>	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	QL (9 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	QL (12 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	QL (12 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	QL (6 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	QL (4 ML per 30 days)
<i>zolmitriptan nasal spray,non-aerosol 2.5 mg</i>	QL (12 EA per 30 days)
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg</i>	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet 5 mg</i>	QL (9 EA per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg</i>	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet,disintegrating 5 mg</i>	QL (9 EA per 30 days)

Drug Name	Notes
<b>Movement Disorder Drug Therapy</b>	
AUSTEDO ORAL TABLET 12 MG, 6 MG	PA; QL (4 EA per 1 day); S
AUSTEDO ORAL TABLET 9 MG	PA; QL (5 EA per 1 day); S
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	PA; QL (1 EA per 1 day); S
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	PA; QL (1 EA per 365 days); S
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	PA; QL (4 EA per 1 day); S
<b>Movement Disorder Therapy - Huntington's Disease</b>	
AUSTEDO ORAL TABLET 12 MG, 6 MG	PA; QL (4 EA per 1 day); S
AUSTEDO ORAL TABLET 9 MG	PA; QL (5 EA per 1 day); S
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	PA; QL (1 EA per 1 day); S
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	PA; QL (1 EA per 365 days); S
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	PA; QL (4 EA per 1 day); S
<b>Movement Disorder Therapy - Tardive Dyskinesia</b>	
AUSTEDO ORAL TABLET 12 MG, 6 MG	PA; QL (4 EA per 1 day); S
AUSTEDO ORAL TABLET 9 MG	PA; QL (5 EA per 1 day); S
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	PA; QL (1 EA per 1 day); S
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	PA; QL (1 EA per 365 days); S
<b>Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative</b>	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	
<b>Narcolepsy Therapy Agents- Stimulant-Type, Sympathomimetic, Amphetamines</b>	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	
ZENZEDI ORAL TABLET 10 MG, 5 MG	
<b>Sedative-Hypnotic - Antihistamines</b>	
ALKA-SELTZER PLUS ALLERGY ORAL TABLET 25 MG	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	
<i>diphenhydramine hcl oral tablet 25 mg</i>	
NIGHTTIME SLEEP AID (DIPHEN) ORAL TABLET 25 MG	

<b>Drug Name</b>	<b>Notes</b>
NIGHTTIME SLEEP-AID (DOXYLAMN) ORAL TABLET 25 MG	
NYTOL ORAL TABLET 25 MG	
SIMPLY SLEEP ORAL TABLET 25 MG	
SLEEP AID (DIPHENHYDRAMINE) ORAL TABLET 25 MG	
SLEEP AID (DOXYLAMINE) ORAL TABLET 25 MG	
SLEEP II ORAL TABLET 25 MG	
SLEEP TABLET (DIPHENHYDRAMINE) ORAL TABLET 25 MG	
SOMINEX ORAL TABLET 25 MG	
WAL-SOM (DOXYLAMINE) ORAL TABLET 25 MG	
<b>Sedative-Hypnotic - Barbiturates</b>	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	
<b>Sedative-Hypnotic - Gaba-Receptor Modulators</b>	
<i>eszopiclone oral tablet 1 mg</i>	PA; QL (2 EA per 1 day)
<i>eszopiclone oral tablet 2 mg, 3 mg</i>	PA; QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg</i>	PA; QL (1 EA per 1 day)
<i>zolpidem oral tablet 5 mg</i>	PA; QL (2 EA per 1 day)
<b>CHEMICAL DEPENDENCY, AGENTS TO TREAT</b>	
<b>Agents For Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type</b>	
<i>lofexidine oral tablet 0.18 mg</i>	QL (224 EA per 30 days)
<b>Agents For Opioid Withdrawal, Opioid-Type</b>	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	QL (4 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	QL (4 EA per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	QL (4 EA per 1 day)
<b>Alcohol Abstinence Therapy - Glutamate And Gaba System Type</b>	
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	
<b>Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type</b>	
<i>naltrexone oral tablet 50 mg</i>	
<b>Alcohol Deterrents</b>	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	

Drug Name	Notes
<b>Smoking Deterrents - Ne And Dopamine Reuptake Inhibitor (Ndri)-Type</b>	
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	QL (2 QUIT ATTEMPTS PER YEAR)
<b>Smoking Deterrents - Nicotine-Type</b>	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 21 MG/24 HR	QL (180 EA per 365 days); QL (1 PATCH per 1 day); Note (TWO QUIT ATTEMPTS PER YEAR)
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	QL (4320 EA per 365 days); QL (24 PIECES per 1 day); Note (TWO QUIT ATTEMPTS PER YEAR)
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	QL (3600 EA per 365 days); QL (20 LOZENGES per 1 day); Note (TWO QUIT ATTEMPTS PER YEAR)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	QL (3600 EA per 365 days); QL (20 LOZENGES per 1 day); Note (TWO QUIT ATTEMPTS PER YEAR)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	QL (180 EA per 365 days); QL (1 PATCH per 1 day); Note (TWO QUIT ATTEMPTS PER YEAR)
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	QL (180 EA per 365 days); QL (1 PATCH per 1 day); Note (TWO QUIT ATTEMPTS PER YEAR)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	QL (720 ML per 365 days); QL (4 ML per day); Note (TWO QUIT ATTEMPTS PER YEAR)
QUIT 2 BUCCAL GUM 2 MG	QL (4320 EA per 365 days); QL (24 PIECES per 1 day); Note (TWO QUIT ATTEMPTS PER YEAR)
QUIT 2 BUCCAL LOZENGE 2 MG	QL (3600 EA per 365 days); QL (20 LOZENGES per 1 day); Note (TWO QUIT ATTEMPTS PER YEAR)
QUIT 4 BUCCAL GUM 4 MG	QL (4320 EA per 365 days); QL (24 PIECES per 1 day); Note (TWO QUIT ATTEMPTS PER YEAR)
QUIT 4 BUCCAL LOZENGE 4 MG	QL (3600 EA per 365 days); QL (20 LOZENGES per 1 day); Note (TWO QUIT ATTEMPTS PER YEAR)
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG	QL (3600 EA per 365 days); QL (20 LOZENGES per 1 day); Note (TWO QUIT ATTEMPTS PER YEAR)

Drug Name	Notes
<b>Smoking Deterrents - Nicotinic Receptor Partial Agonist, Alpha4beta2</b>	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	QL (2 QUIT ATTEMPTS PER YEAR)
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	QL (2 QUIT ATTEMPTS PER YEAR)
<b>CHEMICALS-PHARMACEUTICAL ADJUVANTS</b>	
<b>Bulk Chemicals</b>	
<i>acetylcysteine (bulk) powder</i>	
MINERAL OIL HEAVY OIL	
MINERAL OIL LIGHT OIL	
<b>Chemicals - Fixed Oils</b>	
<i>castor oil oil</i>	
<b>Chemicals - Solvents</b>	
MINERAL OIL HEAVY OIL	
MINERAL OIL LIGHT OIL	
<i>mineral oil oil</i>	
<b>Pharmaceutical Adjuvant - Cream/Ointment Vehicles</b>	
LIP TREATMENT TOPICAL GEL	
PETROLEUM JELLY TOPICAL GEL	
PETROLEUM JELLY, WHITE TOPICAL GEL	
<i>white petrolatum topical gel</i>	
WHITE PETROLEUM JELLY TOPICAL GEL	
<b>Pharmaceutical Adjuvant - Inhalation Vehicles</b>	
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	
PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 %	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	
<b>Pharmaceutical Adjuvant - Oral Vehicles</b>	
<i>sorbitol solution 70 %</i>	
<b>Pharmaceutical Adjuvant - Vaccine Adjuvants</b>	
AREXVY ADJUVANT COMPONENT (PF) INTRAMUSCULAR SUSPENSION	Note (Covered at Vaccine for Children facilities for <19 years old)
<b>COGNITIVE DISORDER THERAPY</b>	
<b>Alzheimer's Disease Therapy - Cholinesterase Inhibitors</b>	
<i>donepezil oral tablet 10 mg, 5 mg</i>	

<b>Drug Name</b>	<b>Notes</b>
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	
<i>galantamine oral solution 4 mg/ml</i>	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	QL (2 EA per 1 day)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	
<b>Alzheimer's Disease Therapy - Nmda Receptor Antagonists</b>	
<i>memantine oral solution 2 mg/ml</i>	QL (10 ML per 1 day)
<i>memantine oral tablet 10 mg, 5 mg</i>	
<i>memantine oral tablets, dose pack 5-10 mg</i>	
<b>CONTRACEPTIVES</b>	
<b>Contraceptive Injectable - Progestin</b>	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	
<b>Contraceptive Oral - Biphasic</b>	
AMETHIA ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	
ASHLYNA ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	
CAMRESE LO ORAL TABLETS, DOSE PACK, 3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	
CAMRESE ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	
DAYSEE ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	
JAIMIESS ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	
<i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	
LOJAIMIESS ORAL TABLETS, DOSE PACK, 3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	

Drug Name	Notes
SIMPESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	
<b>Contraceptive Oral - Monophasic</b>	
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	
APRI ORAL TABLET 0.15-0.03 MG	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	
AUBRA ORAL TABLET 0.1-20 MG-MCG	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	
AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)	
AVIANE ORAL TABLET 0.1-20 MG-MCG	
AYUNA ORAL TABLET 0.15-0.03 MG	
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	
CYRED EQ ORAL TABLET 0.15-0.03 MG	
CYRED ORAL TABLET 0.15-0.03 MG	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	
DOLISHALE ORAL TABLET 90-20 MCG (28)	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	
ELINEST ORAL TABLET 0.3-30 MG-MCG	

Drug Name	Notes
ENSKYCE ORAL TABLET 0.15-0.03 MG	
ESTARYLLA ORAL TABLET 0.25-0.035 MG	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	
FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7)	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	
HAILEY ORAL TABLET 1.5-30 MG-MCG	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	
JASMIEL (28) ORAL TABLET 3-0.02 MG	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	
JULEBER ORAL TABLET 0.15-0.03 MG	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	
KALLIGA ORAL TABLET 0.15-0.03 MG	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	
LESSINA ORAL TABLET 0.1-20 MG-MCG	

Drug Name	Notes
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	
LORYNA (28) ORAL TABLET 3-0.02 MG	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	
MILI ORAL TABLET 0.25-0.035 MG	
MONO-LINYAH ORAL TABLET 0.25-0.035 MG	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	
NIKKI (28) ORAL TABLET 3-0.02 MG	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg</i>	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	
OCELLA ORAL TABLET 3-0.03 MG	
PHILITH ORAL TABLET 0.4-35 MG-MCG	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	
SPRINTEC (28) ORAL TABLET 0.25-0.035 MG	
SRONYX ORAL TABLET 0.1-20 MG-MCG	
SYEDA ORAL TABLET 3-0.03 MG	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	

Drug Name	Notes
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	
VALTYA ORAL TABLET 1-50 MG-MCG	
VESTURA (28) ORAL TABLET 3-0.02 MG	
VIENVA ORAL TABLET 0.1-20 MG-MCG	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	
VYLIBRA ORAL TABLET 0.25-0.035 MG	
WERA (28) ORAL TABLET 0.5-35 MG-MCG	
ZARAH ORAL TABLET 3-0.03 MG	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	
<b>Contraceptive Oral - Progestin</b>	
CAMILA ORAL TABLET 0.35 MG	
DEBLITANE ORAL TABLET 0.35 MG	
EMZAHH ORAL TABLET 0.35 MG	
ERRIN ORAL TABLET 0.35 MG	
HEATHER ORAL TABLET 0.35 MG	
INCASSIA ORAL TABLET 0.35 MG	
JENCYCLA ORAL TABLET 0.35 MG	
LYLEQ ORAL TABLET 0.35 MG	
LYZA ORAL TABLET 0.35 MG	
MELEYA ORAL TABLET 0.35 MG	
NORA-BE ORAL TABLET 0.35 MG	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	
SHAROBEL ORAL TABLET 0.35 MG	
SLYND ORAL TABLET 4 MG (28)	
TULANA ORAL TABLET 0.35 MG	
<b>Contraceptive Oral - Triphasic</b>	
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	

Drug Name	Notes
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28)</i>	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	
XARAH FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	
<b>Contraceptive Transdermal Combinations - Estrogen And Progestin Comb.</b>	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	
<b>Contraceptives - Intravaginal, Systemic - Estrogen And Progestin Comb.</b>	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	

Drug Name	Notes
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	
<b>Emergency Contraceptives - Progesterone Agonist/Antagonist Type</b>	
ELLA ORAL TABLET 30 MG	
<b>Emergency Contraceptives - Progestin Type</b>	
AFTER PILL ORAL TABLET 1.5 MG	
AFTERA ORAL TABLET 1.5 MG	
ECONTRA EZ ORAL TABLET 1.5 MG	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	
<i>levonorgestrel oral tablet 1.5 mg</i>	
MY CHOICE ORAL TABLET 1.5 MG	
MY WAY ORAL TABLET 1.5 MG	
NEW DAY ORAL TABLET 1.5 MG	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	
OPTION-2 ORAL TABLET 1.5 MG	
TAKE ACTION ORAL TABLET 1.5 MG	
<b>Emergency Contraceptives</b>	
AFTER PILL ORAL TABLET 1.5 MG	
AFTERA ORAL TABLET 1.5 MG	
ECONTRA EZ ORAL TABLET 1.5 MG	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	
ELLA ORAL TABLET 30 MG	
<i>levonorgestrel oral tablet 1.5 mg</i>	
MY CHOICE ORAL TABLET 1.5 MG	
MY WAY ORAL TABLET 1.5 MG	
NEW DAY ORAL TABLET 1.5 MG	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	
OPTION-2 ORAL TABLET 1.5 MG	
TAKE ACTION ORAL TABLET 1.5 MG	
<b>Spermicides</b>	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	
<b>DERMATOLOGICAL</b>	
<b>Acne Therapy Systemic - Retinoids And Derivatives</b>	
ACUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	PA; Note (PA FOR AGE 21+ ONLY)

Drug Name	Notes
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	PA; Note (PA FOR AGE 21+ ONLY)
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	PA; Note (PA FOR AGE 21+ ONLY)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	PA; Note (PA FOR AGE 21+ ONLY)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	PA; Note (PA FOR AGE 21+ ONLY)
<b>Acne Therapy Topical - Anti-Infective</b>	
CLINDACIN ETZ TOPICAL SWAB 1 %	PA; Note (PA FOR AGE 21+ ONLY)
CLINDACIN P TOPICAL SWAB 1 %	PA; Note (PA FOR AGE 21+ ONLY)
<i>clindamycin phosphate topical gel 1 %</i>	PA; Note (PA FOR AGE 21+ ONLY)
<i>clindamycin phosphate topical lotion 1 %</i>	PA; Note (PA FOR AGE 21+ ONLY)
<i>clindamycin phosphate topical solution 1 %</i>	PA; Note (PA FOR AGE 21+ ONLY)
<i>clindamycin phosphate topical swab 1 %</i>	PA; Note (PA FOR AGE 21+ ONLY)
ERY PADS TOPICAL SWAB 2 %	PA; Note (PA FOR AGE 21+ ONLY)
<i>erythromycin with ethanol topical gel 2 %</i>	PA; Note (PA FOR AGE 21+ ONLY)
<i>erythromycin with ethanol topical solution 2 %</i>	PA; Note (PA FOR AGE 21+ ONLY)
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	PA; Note (PA FOR AGE 21+ ONLY)
<b>Acne Therapy Topical - Anti-Infective-Keratolytic Combinations</b>	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	PA; Note (PA FOR AGE 21+ ONLY)
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %</i>	PA; Note (PA FOR AGE 21+ ONLY)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	PA; Note (PA FOR AGE 21+ ONLY)
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	PA; Note (PA FOR AGE 21+ ONLY)
<b>Acne Therapy Topical - Keratolytic</b>	
ACNE CONTROL(BENZOYL PEROXIDE) TOPICAL CLEANSER 10 %	PA; Note (PA FOR AGE 21+ ONLY)
ACNE FOAMING WASH TOPICAL CLEANSER 10 %	PA; Note (PA FOR AGE 21+ ONLY)
ACNE TREATMENT (BENZOYL PEROX) TOPICAL GEL 10 %	PA; Note (PA FOR AGE 21+ ONLY)
ACNE-CLEAR TOPICAL GEL 10 %	PA; Note (PA FOR AGE 21+ ONLY)
ADVANCED EXFOLIATING CLEANSER TOPICAL CLEANSER 5 %	PA; Note (PA FOR AGE 21+ ONLY)
<i>benzoyl peroxide topical cleanser 10 %, 5 %, 6 %, 7 %</i>	PA; Note (PA FOR AGE 21+ ONLY)
<i>benzoyl peroxide topical gel 10 %, 5 %</i>	PA; Note (PA FOR AGE 21+ ONLY)
BP WASH TOPICAL CLEANSER 10 %, 5 %	PA; Note (PA FOR AGE 21+ ONLY)
DAYLOGIC ACNE FOAMING WASH TOPICAL CLEANSER 10 %	PA; Note (PA FOR AGE 21+ ONLY)
DAYLOGIC ACNE TREATMENT TOPICAL GEL 10 %	PA; Note (PA FOR AGE 21+ ONLY)
FOAMING ACNE FACE WASH TOPICAL CLEANSER 10 %	PA; Note (PA FOR AGE 21+ ONLY)

<b>Drug Name</b>	<b>Notes</b>
LINTERA TOPICAL CLEANSER 10 %	PA; Note (PA FOR AGE 21+ ONLY)
PANOXYL TOPICAL CLEANSER 10 %	PA; Note (PA FOR AGE 21+ ONLY)
<b>Acne Therapy Topical - Retinoids And Derivatives</b>	
<i>adapalene topical gel 0.1 %, 0.3 %</i>	PA; Note (PA FOR AGE 21+ ONLY)
EFFACLAR ADAPALENE TOPICAL GEL 0.1 %	PA; Note (PA FOR AGE 21+ ONLY)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	PA; Note (PA FOR AGE 21+ ONLY)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	PA; Note (PA FOR AGE 21+ ONLY)
<b>Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations</b>	
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	PA
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	PA
<b>Antipsoriatic Agents-Interleukin-17 (Il-17) Antagonist, Mc Antibody</b>	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	PA; QL (4 ML per 56 days); S; LA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PA; QL (2 ML per 28 days); S; LA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PA; QL (2 ML per 28 days); S; LA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	PA; QL (2 ML per 28 days); S; LA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	PA; QL (2 ML per 28 days); S; LA
<b>Dermatological - Antibacterial Aminoglycosides</b>	
<i>gentamicin topical cream 0.1 %</i>	
<i>gentamicin topical ointment 0.1 %</i>	
<b>Dermatological - Antibacterial Mixtures</b>	
ANTIBIOTIC (NEOMY-BACIT-POLYM) TOPICAL OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	
DOUBLE ANTIBIOTIC (B.TRACN ZN) TOPICAL OINTMENT 500-10,000 UNIT/GRAM	
FIRST AID ANTIBIOTIC TOPICAL OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	
POLY BACITRACIN (ZINC) TOPICAL OINTMENT 500-10,000 UNIT/GRAM	
TRIPLE ANTIBIOTIC TOPICAL OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	
WAL-SPORIN TOPICAL OINTMENT 500-10,000 UNIT/GRAM	
<b>Dermatological - Antibacterial Other</b>	
<i>mupirocin topical ointment 2 %</i>	

Drug Name	Notes
<b>Dermatological - Antibacterial Polymyxins And Derivatives</b>	
ANTIBIOTIC (BACITRACIN ZINC) TOPICAL OINTMENT 500 UNIT/GRAM	
<i>bacitracin topical ointment 500 unit/gram</i>	
<i>bacitracin topical packet 500 unit/gram</i>	
<i>bacitracin zinc topical ointment 500 unit/gram</i>	
<i>bacitracin zinc topical ointment in packet 500 unit/gram</i>	
BACITRAYCIN PLUS TOPICAL OINTMENT 500 UNIT/GRAM	
<b>Dermatological - Antibacterial-Local Anesthetic Combinations</b>	
ANTIBIOTIC-PAIN RELIEF (BACIT) TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G	
FIRST AID ANTIBIOTIC-PAIN RLF TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G	
TRIPLE ANTIBIOTIC PLUS TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G	
TRIPLE ANTIBIOTIC-PAIN RELIEF TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G	
<b>Dermatological - Antifungal Amphoteric Polyene Macrolides</b>	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	
<i>nystatin topical cream 100,000 unit/gram</i>	
<i>nystatin topical ointment 100,000 unit/gram</i>	
<i>nystatin topical powder 100,000 unit/gram</i>	
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	
<b>Dermatological - Antifungal Imidazole And Related Agents</b>	
ANTIFUNGAL (CLOTRIMAZOLE) TOPICAL CREAM 1 %	
ANTIFUNGAL (MICONAZOLE) TOPICAL CREAM 2 %	
ANTIFUNGAL (MICONAZOLE) TOPICAL POWDER 2 %	
ANTIFUNGAL RINGWORM TOPICAL CREAM 1 %	
ATHLETE'S FOOT (CLOTRIMAZOLE) TOPICAL CREAM 1 %	
ATHLETE'S FOOT TOPICAL AEROSOL POWDER 2 %	
ATHLETE'S FOOT TOPICAL POWDER 2 %	
ATHLETIC FOOT CREAM TOPICAL CREAM 1 %	
BAZA ANTIFUNGAL TOPICAL CREAM 2 %	
CLOTRIMAZOLE AF TOPICAL CREAM 1 %	
<i>clotrimazole topical cream 1 %</i>	
<i>clotrimazole topical solution 1 %</i>	
DESENEX TOPICAL POWDER 2 %	

Drug Name	Notes
INZO ANTIFUNGAL TOPICAL CREAM 2 %	
ITCH RELIEF (CLOTRIMAZOLE) TOPICAL CREAM 1 %	
JOCK ITCH (CLOTRIMAZOLE) TOPICAL CREAM 1 %	
<i>ketoconazole topical cream 2 %</i>	
<i>ketoconazole topical shampoo 2 %</i>	
LOTRIMIN AF TOPICAL POWDER 2 %	
<i>miconazole nitrate topical aerosol powder 2 %</i>	
<i>miconazole nitrate topical cream 2 %</i>	
MICONAZORB AF TOPICAL POWDER 2 %	
MICOTRIN AC TOPICAL CREAM 1 %	
MICOTRIN AP TOPICAL POWDER 2 %	
MICRO-GUARD TOPICAL POWDER 2 %	
MYCOZYL AC TOPICAL CREAM 1 %	
MYCOZYL AP TOPICAL POWDER 2 %	
REMEDY ANTIFUNGAL TOPICAL CREAM 2 %	
REMEDY ANTIFUNGAL TOPICAL POWDER 2 %	
REMEDY PHYTOPLEX ANTIFUNGAL TOPICAL POWDER 2 %	
RINGWORM TOPICAL CREAM 1 %	
SECURA ANTIFUNGAL EXTRA THICK TOPICAL CREAM 2 %	
ZEASORB AF TOPICAL POWDER 2 %	
<b>Dermatological - Antifungal Thiocarbamate</b>	
ANTIFUNGAL (TOLNAFTATE) TOPICAL CREAM 1 %	
ATHLETE'S FOOT (TOLNAFTATE) TOPICAL CREAM 1 %	
<i>tolnaftate topical cream 1 %</i>	
<b>Dermatological - Antifungal-Glucocorticoid Combinations</b>	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	
<b>Dermatological - Antineoplastic Alkylating Agents</b>	
VALCHLOR TOPICAL GEL 0.016 %	S; LA
<b>Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist</b>	
<i>bexarotene topical gel 1 %</i>	PA; QL (60 GM per 30 days); S
<b>Dermatological - Antipruritics Combinations</b>	
ANTI-ITCH(DIPHENHYD) WITH ZINC TOPICAL AEROSOL,SPRAY 2-0.1 %	

<b>Drug Name</b>	<b>Notes</b>
ANTI-ITCH(DIPHENHYD) WITH ZINC TOPICAL CREAM 1-0.1 %, 2-0.1 %	
BANOPHEN ANTI-ITCH TOPICAL CREAM 2-0.1 %	
BENADRYL EXTRA STRENGTH TOPICAL CREAM 2-0.1 %	
ITCH RELIEF TOPICAL AEROSOL,SPRAY 2-0.1 %	
ITCH RELIEF TOPICAL CREAM 1-0.1 %, 2-0.1 %	
WAL-DRYL (DIPHENHYDRAMINE-ZN) TOPICAL AEROSOL,SPRAY 2-0.1 %	
WAL-DRYL (DIPHENHYDRAMINE-ZN) TOPICAL CREAM 2-0.1 %	
<b>Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives</b>	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	
<b>Dermatological - Antipsoriatic Agents Topical</b>	
<i>calcipotriene scalp solution 0.005 %</i>	
<i>calcipotriene topical cream 0.005 %</i>	
<i>calcipotriene topical ointment 0.005 %</i>	
DRITHOCREME HP TOPICAL CREAM 1 %	
<b>Dermatological - Antiseborrheic</b>	
DANDRUFF SHAMPOO (SELENIUM) TOPICAL SHAMPOO 1 %	
<i>selenium sulfide topical lotion 2.5 %</i>	
<i>selenium sulfide topical shampoo 2.25 %</i>	
SELSUN BLUE 2-IN-1 TOPICAL SHAMPOO 1 %	
SELSUN BLUE TOPICAL SHAMPOO 1 %	
<b>Dermatological - Antiviral, Herpes</b>	
<i>acyclovir topical ointment 5 %</i>	
<b>Dermatological - Burn Products Anti-Infective</b>	
<i>silver sulfadiazine topical cream 1 %</i>	
<b>Dermatological - Calcineurin Inhibitors</b>	
<i>pimecrolimus topical cream 1 %</i>	PA; Note (PA FOR AGE 21+ ONLY)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	PA; Note (PA FOR AGE 21+ ONLY)
<b>Dermatological - Emollient Mixtures</b>	
A AND D (LANOLIN-PETROLATUM) TOPICAL OINTMENT	
MINERIN CREME TOPICAL CREAM	
SKIN PROTECTANT A-D (PET, LAN) TOPICAL OINTMENT	
THERAPEUTIC MOISTURIZING CREAM TOPICAL CREAM	
THERAPEUTIC MOISTURIZING TOPICAL CREAM	

Drug Name	Notes
<i>vitamin a and d topical ointment</i>	
<i>vits a and d-white pet-lanolin topical ointment</i>	
<b>Dermatological - Emollients</b>	
LOBANA BATH TOPICAL OIL	
MINERAL OIL LIGHT TOPICAL OIL	
<b>Dermatological - Glucocorticoid</b>	
<i>alclometasone topical cream 0.05 %</i>	
<i>alclometasone topical ointment 0.05 %</i>	
ANTI-ITCH (HC) TOPICAL CREAM 1 %	
ANTI-ITCH (HC) TOPICAL LOTION 1 %	
ANTI-ITCH (HC) TOPICAL OINTMENT 1 %	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	
AQUANIL HC TOPICAL LOTION 1 %	
AQUAPHOR ITCH RELIEF TOPICAL OINTMENT 1 %	
BETA-HC TOPICAL LOTION 1 %	
<i>betamethasone dipropionate topical cream 0.05 %</i>	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	
<i>betamethasone valerate topical cream 0.1 %</i>	
<i>betamethasone valerate topical lotion 0.1 %</i>	
<i>betamethasone valerate topical ointment 0.1 %</i>	
<i>betamethasone, augmented topical cream 0.05 %</i>	
<i>betamethasone, augmented topical gel 0.05 %</i>	
<i>betamethasone, augmented topical lotion 0.05 %</i>	
<i>betamethasone, augmented topical ointment 0.05 %</i>	
<i>clobetasol scalp solution 0.05 %</i>	
<i>clobetasol topical cream 0.05 %</i>	
<i>clobetasol topical foam 0.05 %</i>	
<i>clobetasol topical ointment 0.05 %</i>	
<i>clobetasol topical shampoo 0.05 %</i>	
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	
<i>clobetasol-emollient topical cream 0.05 %</i>	
CLODAN TOPICAL SHAMPOO 0.05 %	
CORTISONE (HYDROCORTISONE) TOPICAL CREAM 1 %	
CORTISONE (HYDROCORTISONE) TOPICAL LOTION 1 %	
CORTIZONE-10 TOPICAL CREAM 1 %	

Drug Name	Notes
CORTIZONE-10 TOPICAL LOTION 1 %	
CORTIZONE-10 TOPICAL OINTMENT 1 %	
DERMAREST ECZEMA (HYDROCORT) TOPICAL LOTION 1 %	
<i>desonide topical cream 0.05 %</i>	
<i>desonide topical lotion 0.05 %</i>	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	
<i>desoximetasone topical gel 0.05 %</i>	
<i>desoximetasone topical ointment 0.05 %</i>	
<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	
<i>fluocinolone topical oil 0.01 %</i>	
<i>fluocinolone topical ointment 0.025 %</i>	
<i>fluocinolone topical solution 0.01 %</i>	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	
<i>fluocinonide topical gel 0.05 %</i>	
<i>fluocinonide topical ointment 0.05 %</i>	
<i>fluocinonide topical solution 0.05 %</i>	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	
<i>fluocinonide-emollient topical cream 0.05 %</i>	
<i>fluticasone propionate topical cream 0.05 %</i>	
<i>hydrocortisone acetate topical cream 0.5 %, 1 %</i>	
<i>hydrocortisone acetate topical ointment 1 %</i>	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	
HYDROCORTISONE PLUS TOPICAL CREAM 1 %	
<i>hydrocortisone topical cream 0.5 %, 1 %, 2.5 %</i>	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	
<i>hydrocortisone topical lotion 1 %, 2.5 %</i>	
<i>hydrocortisone topical ointment 0.5 %, 1 %, 2.5 %</i>	
<i>hydrocortisone valerate topical cream 0.2 %</i>	
HYDROCREAM TOPICAL CREAM 1 %	
<i>mometasone topical cream 0.1 %</i>	
<i>mometasone topical ointment 0.1 %</i>	
<i>mometasone topical solution 0.1 %</i>	
MONISTAT CARE (HYDROCORTISONE) TOPICAL CREAM 1 %	

Drug Name	Notes
NOBLE FORMULA HC TOPICAL CREAM 1 %	
PREPARATION H HYDROCORTISONE TOPICAL CREAM 1 %	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	
TRIANEX TOPICAL OINTMENT 0.05 %	
TRIDERM TOPICAL CREAM 0.5 %	
VANICREAM HC TOPICAL CREAM 1 %	
<b>Dermatological - Glucocorticoid-Emollient Combinations</b>	
ANTI-ITCH(HYDROCORTISONE)-ALOE TOPICAL CREAM 1 %	
CORTISONE WITH ALOE TOPICAL CREAM 1 %	
CORTIZONE-10 FEMININE ITCH TOPICAL CREAM 1 %	
CORTIZONE-10 WITH ALOE TOPICAL CREAM 1 %	
HYDROCORTISONE PLUS TOPICAL CREAM 1 %	
<i>hydrocortisone-aloe vera topical cream 1 %</i>	
<b>Dermatological - Glucocorticoid-Local Anesthetic Combinations</b>	
EPIFOAM TOPICAL FOAM 1-1 %	
<b>Dermatological - Immunomodulator - Imidazoquinolinamines</b>	
<i>imiquimod topical cream in packet 5 %</i>	
<b>Dermatological - Keratolytic-Antimitotic Single Agents</b>	
<i>podofilox topical gel 0.5 %</i>	
<i>podofilox topical solution 0.5 %</i>	
<b>Dermatological - Local Anesthetic Combinations</b>	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	
<b>Dermatological - Miscellaneous Single Agents</b>	
<i>white petrolatum topical ointment</i>	
<b>Dermatological - Nsaid Single Agents</b>	
ARTHRITIS PAIN (DICLOFENAC) TOPICAL GEL 1 %	
ASPERCREME ARTHRITIS PAIN TOPICAL GEL 1 %	

Drug Name	Notes
<i>diclofenac sodium topical drops 1.5 %</i>	
<i>diclofenac sodium topical gel 1 %</i>	
<b>Dermatological - Protectant Combinations</b>	
VITAMIN A AND D DIAPER RASH TOPICAL OINTMENT	
<b>Dermatological - Protectants</b>	
CURAD PETROLEUM JELLY TOPICAL OINTMENT IN PACKET	
HYDROLATUM TOPICAL OINTMENT	
LIP TREATMENT TOPICAL GEL	
PETROLEUM JELLY TOPICAL GEL	
PETROLEUM JELLY, WHITE TOPICAL GEL	
PROTECTIVE OINTMENT TOPICAL OINTMENT	
SECURA PROTECTIVE TOPICAL OINTMENT	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET	
<i>white petrolatum topical gel</i>	
<i>white petrolatum topical ointment</i>	
<i>white petrolatum topical ointment in packet</i>	
WHITE PETROLEUM JELLY TOPICAL GEL	
<b>Dermatological - Topical Local Anesthetic Amides</b>	
DERMACINRX LIDOCAINE TOPICAL ADHESIVE PATCH,MEDICATED 5 %	PA
<i>lidocaine hcl mucous membrane jelly 2 %</i>	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	PA
<i>lidocaine topical ointment 5 %</i>	
LIDOCAINE III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	PA
LIDOCAINE IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	PA
LIDOCAINE V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	PA
TRIDACAINE II TOPICAL ADHESIVE PATCH,MEDICATED 5 %	PA
TRIDACAINE III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	PA
TRIDACAINE XL TOPICAL ADHESIVE PATCH,MEDICATED 5 %	PA
<b>Dermatological Antipruritics - Antihistamines</b>	
WAL-DRYL (DIPHENHYDRAMINE) TOPICAL AEROSOL,SPRAY 2 %	
<b>Scabicide And Pediculicide Combinations</b>	
LICE KILLING TOPICAL SHAMPOO 0.33-4 %	

Drug Name	Notes
LICE PYRINYL SHAMPOO TOPICAL SHAMPOO 0.33-4 %	
RID LICE KILLING TOPICAL SHAMPOO 0.33-4 %	
<b>Scabicide And Pediculicide Single Agents</b>	
LICE KILLING (PERMETHRIN) TOPICAL LIQUID 1 %	
LICE TREATMENT (PERMETHRIN) TOPICAL LIQUID 1 %	
LICE TREATMENT TOPICAL LIQUID 1 %	
<i>permethrin topical cream 5 %</i>	
<b>ELECTROLYTE BALANCE-NUTRITIONAL PRODUCTS</b>	
<b>Amino Acid - Carnitine Derivatives</b>	
<i>levocarnitine oral tablet 330 mg</i>	
<b>Amino Acid-Amino Acid Combinations, Oral</b>	
AMINO ACID ORAL CAPSULE	
HIGH PROTEIN ORAL TABLET	
PRE PROTEIN ORAL TABLET	
<b>B-Complex Vitamin Combinations</b>	
B COMPLEX 1 (WITH FOLIC ACID) ORAL TABLET 0.4 MG	
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	
BALANCE B-50 (WITH FOLIC ACID) ORAL TABLET 0.4 MG	
BALANCED B-100 ORAL TABLET 0.4 MG	
B-COMPLEX ORAL TABLET	
B-COMPLEX PLUS VIT C (CALCIUM) ORAL TABLET 300 MG-150 MG CALCIUM	
<i>b-complex with vitamin c oral tablet</i>	
B-COMPLEX WITH VITAMIN C ORAL TABLET 400-500 MCG-MG	
BIOPETIT ORAL LIQUID 790 MG/15 ML	
DIALYVITE 800 ORAL TABLET 0.8 MG	
DIALYVITE ORAL TABLET 100-1 MG	
FOLBEE PLUS ORAL TABLET 5 MG	
FULL SPECTRUM B-VITAMIN C ORAL TABLET 0.8 MG	
KOBEE ORAL TABLET 0.4 MG	
MYNEPHROCAPS ORAL CAPSULE 1 MG	
MYNEPHRON ORAL CAPSULE 1 MG	
RENAL CAPS ORAL CAPSULE 1 MG	
RENAL VITAMIN ORAL TABLET 0.8 MG	
RENAL-VITE ORAL TABLET 0.8 MG	
RENA-VITE ORAL TABLET 0.8 MG	

Drug Name	Notes
RENO CAPS ORAL CAPSULE 1 MG	
STRESS B WITH ZINC ORAL TABLET	
STRESS FORMULA ORAL TABLET	
SUPER QUINTS ORAL TABLET 0.4 MG	
TRIPHROCAPS ORAL CAPSULE 1 MG	
<i>vitamin b complex-folic acid oral tablet 0.4 mg</i>	
WESCAPS ORAL CAPSULE 1 MG	
<b>B-Complex Vitamins And Combinations</b>	
DIALYVITE ORAL TABLET 1-100-300-50 MG-MG-MCG-MG	
RENA-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG	
<b>B-Complex Vitamins</b>	
BALANCED B-50 ORAL TABLET	
B-COMPLEX ORAL TABLET	
STRESS FORMULA ORAL TABLET	
SUPER QUINTS B-50 ORAL TABLET	
<i>vitamin b complex oral capsule</i>	
<i>vitamin b complex oral tablet</i>	
VITAMINS B COMPLEX ORAL CAPSULE	
VITAMINS B COMPLEX ORAL TABLET	
<b>Bioflavonoid Combinations</b>	
EAR CARE ORAL TABLET 200-100 MG	
EAR HEALTH FORMULA ORAL TABLET , 200-100 MG	
EAR HEALTH PLUS ORAL TABLET 500 MG	
INNER EAR PLUS ORAL TABLET 500 MG	
<b>Dietary Product - Dietary Supplements</b>	
HAIR, SKIN AND NAILS ADVANCED ORAL TABLET 3.3 MG IRON-25 MCG	
ONE DAILY WOMEN'S METABOLISM ORAL TABLET 300-18- 400-50 MG-MG-MCG-MG	
<b>Electrolyte Depleters - Ion Exchange Resin</b>	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	
<b>Geriatric Vitamins</b>	
A THRU Z HIGH POTENCY ORAL TABLET	

Drug Name	Notes
A THRU Z SELECT ORAL TABLET	
CENTRAVITES 50 PLUS ORAL TABLET	
GERITOL TONIC WITH FERREX 18 ORAL LIQUID 2.5 MG-50 MG-18 IRON/15 ML	
MILLTRIUM SENIOR ORAL TABLET	
THERATRUM COMPLETE 50 PLUS/LUT ORAL TABLET	
VISION PLUS LUTEIN ORAL TABLET	
VITRUM SENIOR ORAL TABLET	
<b>Minerals And Electrolytes - Calcium Replacement Combinations</b>	
<i>ca-d3-mag ox-zinc-cop-mang-bor oral tablet 600 mg calcium- 20 mcg-50 mg</i>	
CALCIUM 600-D3 PLUS (MAG-ZINC) ORAL TABLET 600 MG CALCIUM- 20 MCG-50 MG	
<b>Minerals And Electrolytes - Calcium Replacement/Vitamin D Combinations</b>	
CALCIUM 500 + D ORAL TABLET 500 MG-10 MCG (400 UNIT), 500 MG-5 MCG (200 UNIT)	
CALCIUM 500 WITH D ORAL TABLET 500 MG-10 MCG (400 UNIT)	
CALCIUM 600 + D(3) ORAL TABLET 600 MG-10 MCG (400 UNIT), 600 MG-5 MCG (200 UNIT)	
<i>calcium carbonate-vitamin d3 oral tablet 250 mg-3 mcg (120 unit), 250 mg-3.125 mcg (125 unit), 500 mg-10 mcg (400 unit), 500 mg-15 mcg (600 unit), 500 mg-5 mcg (200 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit), 600 mg-5 mcg (200 unit)</i>	
<i>calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-2.5 mcg (100 unit)</i>	
CALCIUM WITH VITAMIN D ORAL TABLET 600 MG-10 MCG (400 UNIT)	
HI-CAL PLUS VIT D ORAL TABLET 500 MG-5 MCG (200 UNIT)	
OYSCO 500/D ORAL TABLET 500 MG-5 MCG (200 UNIT)	
OYSTER SHELL + D3 ORAL TABLET 250 MG-3.125 MCG (125 UNIT)	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 250 MG-3.125 MCG (125 UNIT), 500 MG-10 MCG (400 UNIT), 500 MG-5 MCG (200 UNIT)	
PARVA-CAL 500 ORAL TABLET 500 MG-5 MCG (200 UNIT)	

Drug Name	Notes
<b>Minerals And Electrolytes - Calcium Replacement</b>	
CALCIUM 500 ORAL TABLET,CHEWABLE 500 MG CALCIUM (1,250 MG)	
CALCIUM 600 ORAL TABLET 600 MG CALCIUM (1,500 MG)	
<i>calcium acetate oral tablet 667 mg, 668 mg (169 mg calcium)</i>	
<i>calcium carbonate oral suspension 500 mg/5 ml (1,250 mg/5 ml)</i>	
<i>calcium carbonate oral tablet 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg)</i>	
<i>calcium carbonate oral tablet,chewable 500 mg calcium (1,250 mg)</i>	
<i>calcium citrate oral tablet 200 mg (950 mg)</i>	
OYSTER SHELL CALCIUM 500 ORAL TABLET 500 MG CALCIUM (1,250 MG)	
OYSTER SHELL CALCIUM ORAL TABLET 500 MG CALCIUM (1,250 MG)	
SUPER CALCIUM ORAL TABLET 600 MG CALCIUM (1,500 MG)	
<b>Minerals And Electrolytes - Iron Combinations</b>	
FERREX 150 FORTE PLUS ORAL CAPSULE 150-60-25-1 MG-MG-MCG-MG	
STRESS FORMULA ORAL TABLET	
<b>Minerals And Electrolytes - Iron</b>	
FEOSOL ORAL TABLET 325 MG (65 MG IRON)	
FERATE ORAL TABLET 240 MG (27 MG IRON)	
FERGON ORAL TABLET 225 MG (27 MG IRON)	
FEROSUL ORAL TABLET 325 MG (65 MG IRON)	
FERREX 150 ORAL CAPSULE 150 MG IRON	
<i>ferric citrate oral tablet 210 mg iron</i>	ST
FERRIC X-150 ORAL CAPSULE 150 MG IRON	
FERRO-TIME ORAL TABLET 325 MG (65 MG IRON)	
<i>ferrous gluconate oral tablet 240 mg (27 mg iron), 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i>	
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i>	
<i>ferrous sulfate oral tablet,delayed release (drlec) 324 mg (65 mg iron), 325 mg (65 mg iron)</i>	
FE-VITE ORAL DROPS 15 MG IRON (75 MG)/ML	

Drug Name	Notes
HIGH POTENCY IRON ORAL TABLET 134 MG (27 MG IRON)	
IFEREX 150 ORAL CAPSULE 150 MG IRON	
IRON (FERROUS SULFATE) ORAL TABLET 325 MG (65 MG IRON)	
IRON ORAL TABLET 325 MG (65 MG IRON)	
MYFERON 150 ORAL CAPSULE 150 MG IRON	
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML	
POLY-IRON ORAL CAPSULE 150 MG IRON	
<i>polysaccharide iron complex oral capsule 150 mg iron</i>	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 142 MG (45 MG IRON)	
<b>Minerals And Electrolytes - Magnesium</b>	
MAG-DELAY ORAL TABLET,DELAYED RELEASE (DR/EC) 64 MG	
<i>magnesium oral tablet 250 mg</i>	
<i>magnesium oxide oral capsule 500 mg</i>	
<i>magnesium oxide oral tablet 200 mg magnesium, 250 mg magnesium, 400 mg (241.3 mg magnesium), 400 mg magnesium, 500 mg magnesium</i>	
MGO ORAL TABLET 400 MG (241.3 MG MAGNESIUM)	
MG-PLUS-PROTEIN ORAL TABLET 133 MG	
PHILLIPS ORAL TABLET 500 MG MAGNESIUM	
<b>Minerals And Electrolytes - Oral Electrolytes</b>	
<i>electrolytes-dextrose oral solution</i>	
HYDRALYTE ORAL SOLUTION	
KINDERLYTE ORAL SOLUTION	
ORALYTE ORAL SOLUTION	
PEDIATRIC ELECTROLYTE ORAL SOLUTION	
PEDIATRIC FREEZER POPS ORAL SOLUTION	
<b>Minerals And Electrolytes - Phosphate</b>	
PHOSPHA 250 NEUTRAL ORAL TABLET 250 MG	
PHOSPHOROUS ORAL TABLET 250 MG	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 250 MG	
WES-PHOS 250 NEUTRAL ORAL TABLET 250 MG	
<b>Minerals And Electrolytes - Potassium, Oral</b>	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	

Drug Name	Notes
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	
<i>potassium chloride oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	
<b>Multivitamin And Mineral Combinations</b>	
A THRU Z ORAL TABLET 18-500-300-250 MG-MCG-MCG-MCG	
A THRU Z SELECT 50PLUS FORMULA ORAL TABLET 0.4 MG-300 MCG- 250 MCG	
A THRU Z SELECT ORAL TABLET 300-60-600-300 MCG, 500-300-250 MCG	
A THRU Z SELECT WOMEN'S ORAL TABLET	
ABC COMPLETE SENIOR 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG	
ADULTS 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG	
CENTRAL-VITE WOMEN'S MATURE ORAL TABLET 8 MG IRON-400 MCG-50 MCG	
CENTRAVITES 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG	
CENTRUM ORAL LIQUID 9 MG IRON/15 ML	
CENTRUM SILVER ORAL TABLET 0.4 MG-300 MCG- 250 MCG	
CENTURY MATURE ORAL TABLET 0.4 MG-300 MCG- 250 MCG	
CENTURY WOMEN 50 PLUS ORAL TABLET 8 MG IRON-400 MCG-50 MCG	
CERTAVITE SENIOR ORAL TABLET 0.4 MG-300 MCG- 250 MCG	
COMPLETE MV ADULT 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG	
DAILY MULTIPLE FOR WOMEN ORAL TABLET 18 MG IRON-400 MCG-500 MG CA	
DAILY VITAMIN FORMULA-MINERALS ORAL TABLET	
DAILY VITAMIN WITH IRON ORAL TABLET	
DEKAS PLUS (FOLIC ACID) ORAL CAPSULE 200 MCG-1,000 MCG-10 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
DEKAS PLUS (FOLIC ACID) ORAL TABLET,CHEWABLE 200 MCG-1,000 MCG-10 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)

Drug Name	Notes
EYE HEALTH PLUS LUTEIN ORAL TABLET 300 MCG-200 MG-27 MG-2 MG	
GERITOL COMPLETE ORAL TABLET 16 MG IRON- 0.38 MG	
HAIR VITAMINS ORAL TABLET	
HAIR,SKIN AND NAILS ORAL TABLET	
HEALTHY EYES ORAL TABLET 300 MCG-200 MG-27 MG-2 MG	
MACUVITE EYE CARE ORAL TABLET 7,160 UNIT- 113 MG-1 MG	
MEGA MULTIPLE/CHELATED MINERAL ORAL TABLET	
MEN 50 PLUS MULTIVITAMIN ORAL TABLET 300-60-600-300 MCG	
MULTIPLE VITAMIN-MINERALS ORAL TABLET	
MULTI-VITAMIN HP/MINERALS ORAL CAPSULE	
<i>multivitamin with iron oral tablet</i>	
MULTIVITAMIN WITH MINERALS ORAL LIQUID 9 MG IRON/15 ML	
MULTIVITAMIN WOMEN 50 PLUS ORAL TABLET 8 MG IRON-400 MCG-50 MCG	
MULTI-VITE ORAL LIQUID 9 MG IRON/15 ML	
<i>multivit-min-iron fum-folic ac oral tablet 7.5 mg iron-400 mcg</i>	
MY-VITALIFE ORAL CAPSULE	
OCUTABS ORAL TABLET	
OCUVITE WITH LUTEIN ORAL TABLET 300 MCG-200 MG-27 MG-2 MG	
OMNICAP ORAL TABLET 0.4 MG	
ONE DAILY CALCIUM/IRON ORAL TABLET	
ONE DAILY ENERGY ORAL TABLET	
ONE DAILY ESSENTIAL ORAL TABLET 0.4 MG	
ONE DAILY FOR MEN ORAL TABLET 0.4-600 MG-MCG	
ONE DAILY FOR WOMEN ORAL TABLET 18-0.4 MG	
ONE DAILY MAXIMUM ORAL TABLET 18-0.4 MG	
ONE DAILY MULTI-VIT W-MINERAL ORAL TABLET 4.5 MG IRON	
ONE DAILY ORAL TABLET 0.4-600 MG-MCG	
ONE DAILY PLUS MINERALS ORAL TABLET	
ONE DAILY WOMEN 50 PLUS ORAL TABLET 400-120 MCG-MG	
ONE DAILY WOMENS 50 PLUS ORAL TABLET 0.4 MG	

Drug Name	Notes
ONE DAILY WOMEN'S HEALTH ORAL TABLET 18 MG IRON-400 MCG-450 MG CA	
ONE DAILY WOMEN'S ORAL TABLET 18 MG IRON-400 MCG-450 MG CA	
ONE-A-DAY CHOLESTEROL PLUS ORAL TABLET 0.4 MG	
ONE-A-DAY MAXIMUM FORMULA ORAL TABLET	
ONE-A-DAY TEEN ADVANTAGE ORAL TABLET 9 MG IRON-400 MCG	
QUINTABS-M IRON FREE ORAL TABLET 0.4 MG	
SENIOR TABS ORAL TABLET 0.4 MG-300 MCG- 250 MCG	
SENTRY SENIOR ORAL TABLET 0.4 MG-300 MCG- 250 MCG, 500-300-250 MCG	
SPECTRAVITE ADULT 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG	
SPECTRAVITE MEN 50 PLUS ORAL TABLET 300-60-600-300 MCG	
SPECTRAVITE WOMEN 50 PLUS ORAL TABLET 8 MG IRON-400 MCG-50 MCG	
SUPER THERA VITE M ORAL TABLET	
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 15 MG IRON- 400 MCG	
THERALOGIX COMPANION ORAL TABLET 0.4 MG	
THERAPEUTIC-M ORAL TABLET 9 MG IRON-400 MCG	
THERATRUM COMPLETE WITH LUTEIN ORAL TABLET	
V-C FORTE ORAL CAPSULE 1 MG	
VIC-FORTE ORAL CAPSULE 1 MG	
VISION FORMULA (WITH LUTEIN) ORAL TABLET 300 MCG-200 MG-27 MG-2 MG	
VISION ORAL TABLET	
VITALEE ORAL TABLET 0.4 MG	
WOMEN'S DAILY FORMULA ORAL TABLET 18 MG IRON-400 MCG-500 MG, 18 MG IRON-400 MCG-500 MG CA, 27-0.4 MG	
WOMEN'S ONE DAILY ORAL TABLET 18 MG IRON-400 MCG-500 MG CA	
<b>Multivitamins</b>	
A THRU Z ADVANCED FORMULA ORAL TABLET 18-400 MG-MCG	
ABC COMPLETE WOMEN'S ORAL TABLET 18-400 MG-MCG	
CENTRUM COMPLETE ORAL TABLET 18-400 MG-MCG	
CENTRUM ORAL TABLET 18-400 MG-MCG	

Drug Name	Notes
CENTRUM WOMEN ORAL TABLET 18-400 MG-MCG	
CENTURY ORAL TABLET 18-400 MG-MCG	
CERTAVITE-ANTIOXIDANT ORAL TABLET 18-400 MG-MCG	
COMPLETE MULTIVITAMIN-MINERAL ORAL TABLET 18-400 MG-MCG	
DAILY MULTI-VITAMIN ORAL TABLET	
DAILY MULTIVITAMIN WITH IRON ORAL TABLET 18-400 MG-MCG	
DAILY MULTIVITAMIN-MINERALS ORAL TABLET 18-400 MG-MCG	
DAILY VALUE ORAL TABLET	
DAILY VITAMIN FORMULA ORAL TABLET	
DAILY VITAMIN FORMULA-IRON ORAL TABLET 18-400 MG-MCG	
DECUBI VITE ORAL CAPSULE 400-50-500 MCG-MG-MG	
ESSENTIA ORAL TABLET 18-400 MG-MCG	
HIGH POTENCY MULTIVIT (W-IRON) ORAL TABLET 18-400 MG-MCG	
HONEY BEARS MULTIVITAMIN ORAL TABLET,CHEWABLE	Note (ELIGIBLE FOR 90 DAY SUPPLY)
MULTI COMPLETE WITH IRON ORAL TABLET 18-400 MG-MCG	
MULTIPLE VITAMINS ORAL TABLET	
<i>multivitamin oral tablet</i>	
ONCOVITE ORAL TABLET	
ONE DAILY ESSENTIAL ORAL TABLET , 400 MCG	
ONE DAILY MULTIVITAMIN ORAL TABLET 400 MCG	
ONE DAILY MULTIVIT-IRON(FOLIC) ORAL TABLET 18-400 MG-MCG	
ONE DAILY PLUS IRON ORAL TABLET 18-400 MG-MCG	
ONE-A-DAY ESSENTIAL ORAL TABLET	
ONE-A-DAY MAXIMUM FORMULA ORAL TABLET	
ONE-A-DAY TEEN ADVANTAGE ORAL TABLET 18-400 MG-MCG	
PRENATAL-U ORAL CAPSULE 106.5-1 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
QUINTABS ORAL TABLET 400 MCG	
SENTRY ORAL TABLET 18-400 MG-MCG	
SPECTRAVITE ADULT ORAL TABLET 18-400 MG-MCG	

Drug Name	Notes
SPECTRAVITE ADVANCED FORMULA ORAL TABLET 18-400 MG-MCG	
SPECTRAVITE WOMEN ORAL TABLET 18-400 MG-MCG	
TAB-A-VITE ORAL TABLET 400 MCG	
THERA ORAL TABLET 400 MCG	
THERAPEUTIC LIQUID ORAL LIQUID	
THERA-TABS ORAL TABLET	
YELETS ORAL TABLET 18-400 MG-MCG	
<b>Pediatric Vitamins And Mineral Combinations</b>	
CEROVITE JR ORAL TABLET,CHEWABLE 18 MG IRON- 10 MCG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
CHILDREN'S CHEW MULTIVIT-IRON ORAL TABLET,CHEWABLE 15 MG IRON	Note (ELIGIBLE FOR 90 DAY SUPPLY)
CHILDREN'S MULTIVITAMIN ORAL TABLET,CHEWABLE	Note (ELIGIBLE FOR 90 DAY SUPPLY)
DEKAS PLUS LIQUID ORAL LIQUID 500 MCG/ML	Note (ELIGIBLE FOR 90 DAY SUPPLY)
FLINTSTONES PLUS CALCIUM ORAL TABLET,CHEWABLE	Note (ELIGIBLE FOR 90 DAY SUPPLY)
HONEY BEARS WITH IRON-ZINC ORAL TABLET,CHEWABLE 4.5 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
LITTLE ANIMALS-IRON ORAL TABLET,CHEWABLE	Note (ELIGIBLE FOR 90 DAY SUPPLY)
SCOOBY-DOO ONE A DAY ORAL TABLET,CHEWABLE	Note (ELIGIBLE FOR 90 DAY SUPPLY)
VITALETS ORAL TABLET,CHEWABLE , 10 MG IRON	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Pediatric Vitamins With Fluoride And Minerals Combinations</b>	
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Pediatric Vitamins With Fluoride Combinations</b>	
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML	Note (ELIGIBLE FOR 90 DAY SUPPLY)
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML, 0.5 MG/ML	Note (ELIGIBLE FOR 90 DAY SUPPLY)
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
QUFLORA PEDIATRIC DROPS ORAL DROPS 0.25MG FLUORIDE (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML	Note (ELIGIBLE FOR 90 DAY SUPPLY)

Drug Name	Notes
QUFLORA PEDIATRIC ORAL TABLET,CHEWABLE 0.25MG FLUORIDE (0.55 MG), 0.5 MG FLUORIDE (1.1 MG), 1 MG FLUORIDE (2.2 MG)	Note (ELIGIBLE FOR 90 DAY SUPPLY)
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML	Note (ELIGIBLE FOR 90 DAY SUPPLY)
TRI-VITE WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML	Note (ELIGIBLE FOR 90 DAY SUPPLY)
VITAMINS A,C,D AND FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML	Note (ELIGIBLE FOR 90 DAY SUPPLY)
VITAMINS A,C,D AND FLUORIDE ORAL DROPS 0.5 MG FLUORIDE (1.1 MG)/ML	
<b>Pediatric Vitamins</b>	
ANIMAL CHEWS ORAL TABLET,CHEWABLE	Note (ELIGIBLE FOR 90 DAY SUPPLY)
CHILDREN'S CHEW MULTIVITAMIN ORAL TABLET,CHEWABLE	Note (ELIGIBLE FOR 90 DAY SUPPLY)
CHILDREN'S MULTIVITAMIN ORAL TABLET,CHEWABLE	Note (ELIGIBLE FOR 90 DAY SUPPLY)
FLINTSTONES MULTIVITAMIN ORAL TABLET,CHEWABLE	Note (ELIGIBLE FOR 90 DAY SUPPLY)
FLINTSTONES/EXTRA C ORAL TABLET,CHEWABLE	Note (ELIGIBLE FOR 90 DAY SUPPLY)
GUMMI BEAR MULTIVITAMIN ORAL TABLET,CHEWABLE	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Prenatal Vitamins And Minerals</b>	
CLASSIC PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>pnv no.95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
PRENATAL FORMULA ORAL TABLET 28 MG IRON- 800 MCG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
PRENATAL MULTI ORAL TABLET 27-800 MG-MCG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG	Note (ELIGIBLE FOR 90 DAY SUPPLY)

Drug Name	Notes
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
TRICARE ORAL TABLET 27 MG IRON- 1 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG	
<b>Vitamins - A</b>	
<i>vitamin a oral capsule 3,000 mcg (10,000 unit)</i>	
<i>vitamin a palmitate oral capsule 3,000 mcg (10,000 unit)</i>	
XCELLENT A 3000 ORAL CAPSULE 3,000 MCG (10,000 UNIT)	
<b>Vitamins - B-1, Thiamine And Derivatives</b>	
<i>thiamine hcl (vitamin b1) oral tablet 100 mg</i>	
<i>thiamine mononitrate (vit b1) oral tablet 100 mg</i>	
VITAMIN B-1 (MONONITRATE) ORAL TABLET 100 MG	
VITAMIN B-1 ORAL TABLET 100 MG	
<b>Vitamins - B-12, Cyanocobalamin And Derivatives</b>	
B-12 DOTS ORAL TABLET 500 MCG	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	

Drug Name	Notes
<i>cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg, 100 mcg, 500 mcg</i>	
<i>cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg</i>	
<i>cyanocobalamin (vitamin b-12) sublingual tablet 1,000 mcg</i>	
DODEX INJECTION SOLUTION 1,000 MCG/ML	
VITAMIN B-12 ORAL TABLET 1,000 MCG, 100 MCG, 500 MCG	
VITAMIN B-12 ORAL TABLET EXTENDED RELEASE 1,000 MCG	
<b>Vitamins - B-6, Pyridoxine And Derivatives</b>	
<i>pyridoxine (vitamin b6) oral tablet 100 mg, 25 mg, 50 mg</i>	
VITAMIN B-6 ORAL TABLET 100 MG, 25 MG, 50 MG	
<b>Vitamins - Biotin</b>	
<i>biotin oral capsule 5 mg</i>	
<b>Vitamins - C, Ascorbic Acid And Derivatives</b>	
ACEROLA C ORAL TABLET,CHEWABLE 500 MG	
ACEROLA C-500 ORAL WAFER 500 MG	
<i>ascorbate calcium (vitamin c) oral tablet 500 mg</i>	
<i>ascorbic acid (vitamin c) oral tablet 250 mg, 500 mg</i>	
<i>ascorbic acid (vitamin c) oral tablet,chewable 125 mg, 250 mg, 500 mg</i>	
<i>ascorbic acid-ascorbate sodium oral wafer 500 mg</i>	
C-500 ORAL TABLET 500 MG	
C-500 ORAL TABLET EXTENDED RELEASE 500 MG	
C-500 ORAL TABLET,CHEWABLE 500 MG	
ENDUR-C WITH ROSE HIPS ORAL TABLET EXTENDED RELEASE 500 MG	
FRUIT C-500 ORAL TABLET,CHEWABLE 500 MG	
SOOTHING PUREWAY-C ORAL TABLET 500 MG	
STRAWBERRY C ORAL TABLET,CHEWABLE 500 MG	
VITAJOY DAILY C ORAL TABLET,CHEWABLE 125 MG	
VITAMIN C ORAL TABLET 250 MG, 500 MG	
VITAMIN C ORAL TABLET EXTENDED RELEASE 500 MG	
VITAMIN C ORAL TABLET,CHEWABLE 125 MG, 250 MG, 500 MG	
VITAMIN C WITH ROSE HIPS ORAL TABLET 500 MG	
VITAMIN C WITH ROSE HIPS ORAL TABLET EXTENDED RELEASE 500 MG	

Drug Name	Notes
VITAMIN C WITH ROSE HIPS ORAL TABLET,CHEWABLE 500 MG	
<b>Vitamins - D Derivatives</b>	
CALCIDOL ORAL DROPS 200 MCG/ML (8,000 UNIT/ML)	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	
<i>calcitriol oral solution 1 mcg/ml</i>	
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)</i>	
<i>cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	
D3 DOTS ORAL TABLET 50 MCG (2,000 UNIT)	
D3-2000 ORAL CAPSULE 50 MCG (2,000 UNIT)	
D3-5000 ORAL CAPSULE 125 MCG (5,000 UNIT)	
DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT)	
DELTA D3 ORAL TABLET 10 MCG (400 UNIT)	
DIALYVITE VITAMIN D ORAL CAPSULE 125 MCG (5,000 UNIT)	
D-VI-SOL ORAL DROPS 10 MCG/ML (400 UNIT/ML)	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	
<i>ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)</i>	
<i>ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit)</i>	
OPTIMAL D3 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	
PEDIA D-VITE ORAL DROPS 10 MCG/ML (400 UNIT/ML)	
PEDIATRIC D-VITE ORAL DROPS 10 MCG/ML (400 UNIT/ML)	
THERA-D ORAL TABLET 50 MCG (2,000 UNIT)	
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	
VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 25 MCG (1,000 UNIT), 50 MCG (2,000 UNIT)	
VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 125 MCG (5,000 UNIT), 25 MCG (1,000 UNIT), 50 MCG (2,000 UNIT)	
WEEKLY-D ORAL CAPSULE 1,250 MCG (50,000 UNIT)	
<b>Vitamins - E</b>	
E-200 ORAL CAPSULE 90 MG (200 UNIT)	
<i>vitamin e (dl, acetate) oral capsule 180 mg (400 unit), 45 mg (100 unit), 90 mg (200 unit)</i>	
<i>vitamin e acetate oral capsule 134 mg (200 unit)</i>	
<i>vitamin e mixed oral capsule 400 unit</i>	

<b>Drug Name</b>	<b>Notes</b>
<i>vitamin e mixed oral tablet 200 unit</i>	
<i>vitamin e oral capsule 268 mg (400 unit)</i>	
<i>vitamin e succinate oral tablet 134 mg (200 unit)</i>	
<b>Vitamins - Folic Acid And Derivatives</b>	
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Vitamins - K, Phytonadione And Derivatives</b>	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	QL (10 EA per 90 days)
<b>ENDOCRINE</b>	
<b>Agents To Treat Hypoglycemia (Hyperglycemics)</b>	
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Note (ELIGIBLE FOR 90 DAY SUPPLY)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Note (ELIGIBLE FOR 90 DAY SUPPLY)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Note (ELIGIBLE FOR 90 DAY SUPPLY)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Note (ELIGIBLE FOR 90 DAY SUPPLY)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Note (ELIGIBLE FOR 90 DAY SUPPLY)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Amyloidosis Agents- Transthyretin (Ttr) Stabilizer</b>	
ATTRUBY ORAL TABLET 356 MG	PA; QL (4 EA per 1 day); S
VYNDAMAX ORAL CAPSULE 61 MG	PA; QL (1 EA per 1 day); S; LA
VYNDAQEL ORAL CAPSULE 20 MG	PA; QL (4 EA per 1 day); S; LA
<b>Amyloidosis Agents-Ttr Suppression, Antisense Oligonucleotide-Based</b>	
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	PA; QL (0.8 ML per 30 days); S; LA
<b>Androgen - Single Agents</b>	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	

Drug Name	Notes
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	
<b>Antidiuretic And Vasopressor Hormones</b>	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	
<b>Antihyperglycemic - Alpha-Glucosidase Inhibitors</b>	
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antihyperglycemic - Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors</b>	
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	ST; Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
TRADJENTA ORAL TABLET 5 MG	ST; Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antihyperglycemic - Glucagon-Like Peptide-1 (Glp-1) Receptor Agonists</b>	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	PA; QL (3.4 ML per 28 days); Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml, 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	PA; QL (2.4 ML per 30 days)
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	PA; QL (9 ML per 30 days); Note (ELIGIBLE FOR 90 DAY SUPPLY)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	PA; QL (2 ML per 28 days); Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antihyperglycemic - Meglitinide Analogs</b>	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antihyperglycemic - Sglt-2 Inhibitor And Biguanide Combinations</b>	
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 5-1,000 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)

Drug Name	Notes
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antihyperglycemic - Sodium Glucose Cotransporter-2 (SglT2) Inhibitors</b>	
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
INVOKANA ORAL TABLET 100 MG, 300 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antihyperglycemic - Sulfonylurea And Biguanide Combinations</b>	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antihyperglycemic - Sulfonylurea Derivatives</b>	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antihyperglycemic - Thiazolidinedione And Biguanide Combinations</b>	
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antihyperglycemic - Thiazolidinedione And Sulfonylurea Combinations</b>	
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit And Thiazolidinedione</b>	
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)

Drug Name	Notes
<b>Antihyperglycemic-Dipeptidyl Peptidase-4(Dpp-4)Inhibitor And Biguanide</b>	
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	ST; Note (ELIGIBLE FOR 90 DAY SUPPLY)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	ST; Note (ELIGIBLE FOR 90 DAY SUPPLY)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	ST; Note (ELIGIBLE FOR 90 DAY SUPPLY)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	ST; Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg</i>	ST; Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antithyroid Agents, Thionamides - Imidazole Derivatives</b>	
<i>methimazole oral tablet 10 mg, 5 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Antithyroid Agents, Thionamides - Thiouracil Derivatives</b>	
<i>propylthiouracil oral tablet 50 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides</b>	
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	PA; S
<b>Bone Resorption Inhibitors - Bisphosphonates</b>	
<i>alendronate oral solution 70 mg/75 ml</i>	
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	
<i>ibandronate oral tablet 150 mg</i>	
<i>risedronate oral tablet 30 mg, 35 mg, 5 mg</i>	
<b>Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer</b>	
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	QL (4 EA per 1 day)
<b>Calcitonins</b>	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	
<b>Estrogen And Progestin With Antimineralocorticoid Activity,Combination</b>	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	

Drug Name	Notes
<b>Estrogen And Selective Estrogen Receptor Modulator (Serm) Combinations</b>	
DUAVEE ORAL TABLET 0.45-20 MG	
<b>Estrogen-Progestin</b>	
ABIGALE LO ORAL TABLET 0.5-0.1 MG	
ABIGALE ORAL TABLET 1-0.5 MG	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	
JINTELI ORAL TABLET 1-5 MG-MCG	
MIMVEY ORAL TABLET 1-0.5 MG	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	
<b>Estrogens</b>	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i>	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	

Drug Name	Notes
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	
<b>Glucocorticoids</b>	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	
MEDROL ORAL TABLET 2 MG	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	
<i>prednisolone oral solution 15 mg/5 ml</i>	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	
<i>prednisone oral solution 5 mg/5 ml</i>	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	PA
<b>Gonadotropin Inhibitor Pituitary Suppressants</b>	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	
<b>Growth Hormone Receptor Antagonists</b>	
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	PA; S; LA
<b>Growth Hormone Releasing Hormones (Ghrh)</b>	
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	PA; S; LA
<b>Growth Hormones</b>	
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	PA; S
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	PA; S
NORDITROPIN FLEXPPO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	PA; S

Drug Name	Notes
<b>Human Insulins - Fixed Combinations</b>	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Note (ELIGIBLE FOR 90 DAY SUPPLY)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Human Insulins - Intermediate Acting</b>	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Human Insulins - Short Acting</b>	
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Note (ELIGIBLE FOR 90 DAY SUPPLY)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Note (ELIGIBLE FOR 90 DAY SUPPLY)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Insulin Analogs - Fixed Combinations</b>	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Note (ELIGIBLE FOR 90 DAY SUPPLY)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	Note (ELIGIBLE FOR 90 DAY SUPPLY)
HUMALOG MIX 75-25(U-100)INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Insulin Analogs - Long Acting</b>	
<i>insulin glargine-yfqn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>insulin glargine-yfqn subcutaneous solution 100 unit/ml</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Note (ELIGIBLE FOR 90 DAY SUPPLY)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Insulin Analogs - Rapid Acting</b>	
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Note (ELIGIBLE FOR 90 DAY SUPPLY)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	Note (ELIGIBLE FOR 90 DAY SUPPLY)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Insulin Response Enhancers - Biguanides</b>	
<i>metformin oral solution 500 mg/5 ml</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)

<b>Drug Name</b>	<b>Notes</b>
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Insulin Response Enhancers - Thiazolidinediones (Ppar-Gamma Agonists)</b>	
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Insulin-Like Growth Factor-1 (Igf-1)</b>	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	PA; S; LA
<b>Leptin Hormone Analogs</b>	
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	PA; S; LA
<b>Lhrh (Gnrh) Agonist Analog Pituitary Suppressants</b>	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	PA; S
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	PA; S
<b>Lhrh (Gnrh) Antagonist, Estrogen And Progestin Combinations</b>	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	PA; QL (2 EA per 1 day)
<b>Lhrh (Gnrh) Antagonists</b>	
ORLISSA ORAL TABLET 150 MG	PA; QL (1 EA per 1 day)
ORLISSA ORAL TABLET 200 MG	PA; QL (2 EA per 1 day)
<b>Mineralocorticoids</b>	
<i>fludrocortisone oral tablet 0.1 mg</i>	
<b>Oxytocic - Ergot Alkaloids</b>	
<i>methylergonovine oral tablet 0.2 mg</i>	
<b>Parathyroid Hormones And Analogs</b>	
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	PA; QL (2 pens per 28 days); S
<b>Progestins</b>	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	
<i>norethindrone acetate oral tablet 5 mg</i>	
<i>progesterone intramuscular oil 50 mg/ml</i>	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	
<b>Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists</b>	
<i>cabergoline oral tablet 0.5 mg</i>	

Drug Name	Notes
<b>Selective Estrogen Receptor Modulators (Serms)</b>	
<i>raloxifene oral tablet 60 mg</i>	
<b>Somatostatic Agents</b>	
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	PA; QL (4 EA per 1 day); S; LA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	S
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	S
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	PA; S; LA
<b>Thyroid Hormones - Animal Source (Porcine)</b>	
ADTHYZA ORAL TABLET 120 MG, 130 MG, 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG	
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Note (ELIGIBLE FOR 90 DAY SUPPLY)
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	
<b>Thyroid Hormones - Synthetic T3 (Triiodothyronine)</b>	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Thyroid Hormones - Synthetic T4 (Thyroxine)</b>	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
PCCA T4 SODIUM DILUTION POWDER 1 MG/GRAM	
<b>GASTROINTESTINAL THERAPY AGENTS</b>	
<b>Antacid - Aluminum</b>	
<i>aluminum hydroxide gel oral suspension 320 mg/5 ml</i>	
<b>Antacid - Antacid Combinations</b>	
ACID GONE ANTACID E.STRENGTH ORAL TABLET,CHEWABLE 160-105 MG	
ACID GONE ANTACID ORAL SUSPENSION 95-358 MG/15 ML	
ANTACID EXST (MAG CARB-AL HYD) ORAL TABLET,CHEWABLE 160-105 MG	
FOAMING ANTACID ORAL SUSPENSION 95-358 MG/15 ML	

Drug Name	Notes
HEARTBURN ANTACID ORAL TABLET,CHEWABLE 160-105 MG	
HEARTBURN RELIEF ORAL TABLET,CHEWABLE 160-105 MG	
<b>Antacid - Calcium</b>	
ANTACID (CALCIUM CARBONATE) ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG), 215 MG CALCIUM (500 MG)	
ANTACID CALCIUM ORAL TABLET,CHEWABLE 215 MG CALCIUM (500 MG)	
ANTACID EXT STR (CALCIUM CARB) ORAL TABLET,CHEWABLE 300 MG (750 MG)	
ANTACID EXTRA-STRENGTH ORAL TABLET,CHEWABLE 300 MG (750 MG)	
ANTACID ULTRA STRENGTH ORAL TABLET,CHEWABLE 400 MG CALCIUM (1,000 MG)	
BAN-ACID ORAL TABLET,CHEWABLE 300 MG (750 MG)	
CALCIUM ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG), 300 MG (750 MG), 320 MG CALCIUM (750 MG), 400 MG CALCIUM (1,000 MG)	
<i>calcium carbonate oral suspension 500 mg/5 ml (1,250 mg/5 ml)</i>	
<i>calcium carbonate oral tablet,chewable 200 mg calcium (500 mg), 400 mg calcium (1,000 mg)</i>	
CAL-GEST ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG)	
CHILDREN'S PEPTO ORAL TABLET,CHEWABLE 160 MG CALCIUM (400 MG)	
CHILDREN'S SOOTHE ORAL TABLET,CHEWABLE 160 MG CALCIUM (400 MG)	
FLAVOR CHEWS ANTACID ORAL TABLET,CHEWABLE 300 MG (750 MG)	
SMOOTH ANTACID ORAL TABLET,CHEWABLE 300 MG (750 MG)	
ULTRA STRENGTH ANTACID ORAL TABLET,CHEWABLE 400 MG CALCIUM (1,000 MG)	
<b>Antacid - Magnesium</b>	
<i>magnesium oxide oral tablet 400 mg (241.3 mg magnesium)</i>	
<b>Antacid - Simethicone Combinations</b>	
ADVANCED ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML, 400-400-40 MG/5 ML	
ALMACONE-2 ORAL SUSPENSION 400-400-40 MG/5 ML	

Drug Name	Notes
<i>alum-mag hydroxide-simeth oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	
ANTACID ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5 ML, 400-400-40 MG/5 ML	
ANTACID LIQUID ORAL SUSPENSION 200-200-20 MG/5 ML	
ANTACID M ORAL SUSPENSION 200-200-20 MG/5 ML	
ANTACID MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML	
ANTACID ORAL SUSPENSION 200-200-20 MG/5 ML	
ANTACID PLUS ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5 ML, 400-400-40 MG/5 ML	
ANTACID REGULAR STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML	
ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML, 400-400-40 MG/5 ML	
COMFORT GEL EXTRA STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML	
COMFORT GEL ORAL SUSPENSION 200-200-20 MG/5 ML	
GERI-LANTA ORAL SUSPENSION 200-200-20 MG/5 ML, 400-400-40 MG/5 ML	
GERI-MOX ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML	
LIQUID ANTACID ORAL SUSPENSION 400-400-40 MG/5 ML	
MAALOX MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML	
MAG-AL PLUS EXTRA STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML	
MAG-AL PLUS ORAL SUSPENSION 200-200-20 MG/5 ML	
MINTOX MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML	
MYLANTA MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML	
<b>Antidiarrheal - Antiperistaltic Agents</b>	
ANTI-DIARRHEAL (LOPERAMIDE) ORAL CAPSULE 2 MG	QL (8 EA per 1 day)
ANTI-DIARRHEAL (LOPERAMIDE) ORAL TABLET 2 MG	QL (8 EA per 1 day)
DIAMODE ORAL TABLET 2 MG	QL (8 EA per 1 day)
<i>loperamide oral capsule 2 mg</i>	QL (8 EA per 1 day)
<i>loperamide oral tablet 2 mg</i>	QL (8 EA per 1 day)
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

Drug Name	Notes
ULTRA A-D ORAL TABLET 2 MG	QL (8 EA per 1 day)
<b>Antidiarrheal - Bismuth Agents</b>	
BISMUTH ORAL TABLET,CHEWABLE 262 MG	
<i>bismuth subsalicylate oral tablet,chewable 262 mg</i>	
DIOTAME ORAL TABLET,CHEWABLE 262 MG	
PEP-T-MED ORAL TABLET,CHEWABLE 262 MG	
PINK BISMUTH ORAL TABLET,CHEWABLE 262 MG	
SOOTHE (BISMUTH SUBSALICYLATE) ORAL TABLET,CHEWABLE 262 MG	
STOMACH RELIEF ORAL TABLET,CHEWABLE 262 MG	
<b>Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors</b>	
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	
<b>Antidiarrheal Antiperistaltic-Anticholinergic Combinations</b>	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	
<b>Antidiarrheal Opioid Agents</b>	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<b>Antiemetic - Antihistamines</b>	
BONINE ORAL TABLET,CHEWABLE 25 MG	
<i>dimenhydrinate oral tablet 50 mg</i>	
DRAMAMINE (MECLIZINE) ORAL TABLET 25 MG	
DRAMAMINE (MECLIZINE) ORAL TABLET,CHEWABLE 25 MG	
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG	
DRIMINATE ORAL TABLET 50 MG	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	
<i>meclizine oral tablet,chewable 25 mg</i>	
MEDI-MECLIZINE ORAL TABLET 25 MG	
MOTION SICKNESS (MECLIZINE) ORAL TABLET 25 MG	
MOTION SICKNESS ORAL TABLET 50 MG	
MOTION SICKNESS RELIEF ORAL TABLET 50 MG	
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET 25 MG	
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET,CHEWABLE 25 MG	
MOTION-TIME ORAL TABLET,CHEWABLE 25 MG	
TRAVEL SICKNESS ORAL TABLET 50 MG	
TRAVEL-EASE (MECLIZINE) ORAL TABLET 25 MG	

Drug Name	Notes
VERTICALM ORAL TABLET 25 MG	
WAL-DRAM 2 ORAL TABLET 25 MG	
WAL-DRAM ORAL TABLET 50 MG	
<b>Antiemetic - Dopamine (D2)/5-Ht3 Antagonists</b>	
<i>trimethobenzamide oral capsule 300 mg</i>	
<b>Antiemetic - Phenothiazines</b>	
COMPRO RECTAL SUPPOSITORY 25 MG	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	
<i>prochlorperazine rectal suppository 25 mg</i>	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	
<b>Antiemetic - Selective Serotonin 5-Ht3 Antagonists</b>	
<i>granisetron hcl oral tablet 1 mg</i>	QL (8 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	
<b>Antiemetic - Substance P-Neurokinin 1 (Nk1) Receptor Antagonists</b>	
<i>aprepitant oral capsule 125 mg</i>	QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	QL (8 EA per 30 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	QL (6 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	QL (2 EA per 30 days)
VARUBI ORAL TABLET 90 MG	QL (8 EA per 28 days); LA
<b>Antiemetic - Substance P-Neurokinin 1 And 5-Ht3 Recept Antagonist Comb</b>	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	QL (4 EA per 28 days)
<b>Colonic Acidifier (Ammonia Inhibitor)</b>	
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	
<i>lactulose oral solution 10 gram/15 ml</i>	
<b>Digestive Enzyme Mixtures</b>	
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	

Drug Name	Notes
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	
<b>Gallstone Solubilizing (Litholysis) Agents</b>	
<i>ursodiol oral capsule 300 mg</i>	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	
<b>Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists</b>	
ACID CONTROLLER ORAL TABLET 10 MG, 20 MG	
ACID REDUCER (CIMETIDINE) ORAL TABLET 200 MG	
ACID REDUCER (FAMOTIDINE) ORAL TABLET 10 MG, 20 MG	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	
<i>famotidine oral tablet 10 mg, 20 mg, 40 mg</i>	
HEARTBURN PREVENTION ORAL TABLET 10 MG, 20 MG	
HEARTBURN RELIEF (CIMETIDINE) ORAL TABLET 200 MG	
HEARTBURN RELIEF (FAMOTIDINE) ORAL TABLET 10 MG, 20 MG	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	
PEPCID ORAL TABLET 20 MG, 40 MG	
ZANTAC-360 (FAMOTIDINE) ORAL TABLET 20 MG	
<b>Gastric Acid Secretion Reducer - Proton Pump Inhibitors (Ppis)</b>	
ACID REDUCER (LANSOPRAZOLE) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG	
ACID REDUCER (OMEPRAZOLE) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	
<i>omeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	
<i>omeprazole magnesium oral tablet, delayed release (dr/ec) 20 mg</i>	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	
<i>omeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	

Drug Name	Notes
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	
<b>Gastric Mucosa - Cytoprotective Prostaglandin Analogs</b>	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	
<b>Gastrointestinal Antiflatulents</b>	
ANTI-GAS ULTRA STRENGTH ORAL CAPSULE 180 MG	
GAS RELIEF (SIMETHICONE) ORAL CAPSULE 125 MG, 180 MG	
GAS RELIEF (SIMETHICONE) ORAL TABLET, CHEWABLE 125 MG, 80 MG	
GAS RELIEF 80 (SIMETHICONE) ORAL TABLET, CHEWABLE 80 MG	
GAS RELIEF EXTRA STRENGTH ORAL CAPSULE 125 MG	
GAS RELIEF EXTRA STRENGTH ORAL TABLET, CHEWABLE 125 MG	
GAS RELIEF ULTRA STRENGTH ORAL CAPSULE 180 MG	
GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG	
INFANTS GAS RELIEF ORAL DROPS, SUSPENSION 40 MG/0.6 ML	
INFANTS' MYLICON ORAL DROPS, SUSPENSION 40 MG/0.6 ML	
INFANTS SIMETHICONE ORAL DROPS, SUSPENSION 40 MG/0.6 ML	
LITTLE REMEDIES GAS RELIEF ORAL DROPS, SUSPENSION 40 MG/0.6 ML	
MYLANTA GAS ORAL TABLET, CHEWABLE 125 MG	
<i>simethicone oral capsule 125 mg, 180 mg</i>	
<i>simethicone oral tablet, chewable 125 mg, 80 mg</i>	
<b>Gastrointestinal Prokinetic Agents - D2 Antagonist/5-Ht4 Agonists</b>	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	
<b>Gi Antispasmodic - Quaternary Ammonium Compounds</b>	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	
<b>Gi Antispasmodic - Synthetic Tertiary Amines</b>	
<i>dicyclomine oral capsule 10 mg</i>	
<i>dicyclomine oral solution 10 mg/5 ml</i>	
<i>dicyclomine oral tablet 20 mg</i>	

Drug Name	Notes
<b>Ibs Agent - Gastrointestinal Chloride Channel Activator Agents</b>	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	PA
<b>Inflammatory Bowel Agent - Aminosalicylates And Related Agents</b>	
<i>balsalazide oral capsule 750 mg</i>	
DIPENTUM ORAL CAPSULE 250 MG	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	
<i>mesalamine oral tablet,delayed release (drlec) 1.2 gram</i>	
<i>mesalamine rectal enema 4 gram/60 ml</i>	QL (60 ML per 1 day)
<i>mesalamine rectal suppository 1,000 mg</i>	
<i>sulfasalazine oral tablet 500 mg</i>	
<i>sulfasalazine oral tablet,delayed release (drlec) 500 mg</i>	
<b>Inflammatory Bowel Agent - Glucocorticoids</b>	
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	
<b>Inflammatory Bowel Agent - Sphingosine 1-Phosphate Receptor Modulator</b>	
ZEPOSIA ORAL CAPSULE 0.92 MG	PA; S
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	PA; S
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	PA; S
<b>Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers</b>	
<i>adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml</i>	PA; QL (0.4 ML per 28 days); S
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; QL (2 EA per 28 days); S
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	PA; QL (2 SYR per 28 days); S
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	PA; QL (3 EA per 28 days); S
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	PA; QL (3 EA per 28 days); S
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	PA; QL (2 EA per 28 days); S
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	PA; QL (2 EA per 28 days); S
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	PA; QL (0.8 mL per 28 days); S

Drug Name	Notes
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	PA; QL (2 SYRINGES per 28 days); S
<b>Irritable Bowel Syndrome (Ibs) Agents</b>	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	PA
<b>Laxative - Bulk Forming</b>	
CITRUCEL ORAL TABLET 500 MG	
DAILY FIBER (PSYLLIUM-ASPART) ORAL POWDER IN PACKET 3 GRAM, 3.4 GRAM	
DAILY FIBER (PSYLLIUM-SUCROSE) ORAL POWDER 3 GRAM/7 GRAM, 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM	
DAILY FIBER ORAL CAPSULE 0.4 GRAM, 0.52 GRAM	
FIBER (CALCIUM POLYCARBOPHIL) ORAL TABLET 625 MG	
FIBER (DEXTRIN) ORAL POWDER 3 GRAM/3.5 GRAM	
FIBER (PSYLLIUM HUSK) ORAL CAPSULE 0.4 GRAM, 0.52 GRAM	
FIBER (PSYLLIUM HUSK-SUGAR) ORAL POWDER 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM	
FIBER (WITH ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM, 3.4 GRAM/5.8 GRAM	
FIBER LAXATIVE (CA POLYCARBO) ORAL TABLET 625 MG	
FIBER LAXATIVE (PSYLLIUM HUSK) ORAL CAPSULE 0.52 GRAM	
FIBER LAXATIVE(METHYLCELLULOS) ORAL TABLET 500 MG	
FIBER THERAPY (CA POLYCARBOPH) ORAL TABLET 625 MG	
FIBER THERAPY (M-CELL/SUGAR) ORAL POWDER 2 GRAM/19 GRAM	
FIBER THERAPY (M-CELLULOSE) ORAL TABLET 500 MG	
FIBER THERAPY (PSYLLIUM-SUCRO) ORAL POWDER 3 GRAM/12 GRAM, 3 GRAM/7 GRAM	
FIBER THERAPY LAXATIVE (HUSK) ORAL CAPSULE 0.52 GRAM	
FIBER THERAPY(PSYL SEED-SUGAR) ORAL POWDER	
FIBER-CAPS (PSYLLIUM HUSK) ORAL CAPSULE 0.52 GRAM	
FIBER-LAX ORAL TABLET 625 MG	
FIBER-TABS ORAL TABLET 625 MG	
GERI-MUCIL (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM	
GERI-MUCIL (SUGAR) ORAL POWDER 3 GRAM/12 GRAM	

Drug Name	Notes
KONSYL (SUGAR) ORAL POWDER 3 GRAM/12 GRAM	
METAMUCIL (SUGAR) ORAL POWDER	
METAMUCIL SUNRISE ORAL POWDER	
MUCILIN SF ORAL POWDER IN PACKET 3.5 GRAM	
MULTIHEALTH FIBER (SUGAR) ORAL POWDER 3.4 GRAM/7 GRAM	
MULTIHEALTH FIBER ORAL POWDER 3.4 GRAM/5.8 GRAM	
NATURAL DAILY FIBER ORAL POWDER 3.4 GRAM/5.8 GRAM	
NATURAL FIBER LAXATIVE (SUGAR) ORAL POWDER	
NATURAL FIBER LAXATIVE ORAL CAPSULE 0.52 GRAM	
NATURAL FIBER LAXATIVE(ASPART) ORAL POWDER	
NATURAL FIBER SUPPLEMENT ORAL POWDER 6 GRAM/6 GRAM	
<i>psyllium husk (with sugar) oral powder 3 gram/7 gram</i>	
<i>psyllium husk oral capsule 0.4 gram, 0.52 gram</i>	
<i>psyllium husk oral powder 2.6 gram/4.1 gram</i>	
REGULOID (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM	
REGULOID (PSYLLIUM HUSK) ORAL CAPSULE 0.4 GRAM	
REGULOID (PSYLLIUM HUSK) ORAL POWDER 3 GRAM/5.4 GRAM, 3 GRAM/5.8 GRAM	
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/7 GRAM	
SOLUBLE FIBER ORAL TABLET 500 MG	
WAL-MUCIL FIBER (ASPARTAME) ORAL POWDER 3.4 GRAM/5.8 GRAM	
WAL-MUCIL FIBER (SUGAR) ORAL POWDER 3.4 GRAM/7 GRAM	
WAL-MUCIL FIBER ORAL CAPSULE 0.52 GRAM	
WAL-MUCIL NATURAL FIBER LAX ORAL POWDER 3.4 GRAM/12 GRAM	
<b>Laxative - Lubricant</b>	
MINERAL OIL EXTRA HEAVY ORAL OIL	
MINERAL OIL HEAVY ORAL OIL	
<i>mineral oil oral oil</i>	
<i>mineral oil rectal enema</i>	
PURE AND GENTLE (MINERAL OIL) RECTAL ENEMA	
READY-TO-USE ENEMA (MIN OIL) RECTAL ENEMA	

Drug Name	Notes
<b>Laxative - Saline And Osmotic</b>	
CITRATE OF MAGNESIA ORAL SOLUTION	
CLEARLAX ORAL POWDER 17 GRAM/DOSE	
CLEARLAX ORAL POWDER IN PACKET 17 GRAM	
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	
DULCOLAX (MAGNESIUM HYDROXIDE) ORAL SUSPENSION 400 MG/5 ML	
EPSOM SALT (LAXATIVE) ORAL GRANULES 495 MG/5 GRAM	
FLEET GLYCERIN (ADULT) RECTAL SUPPOSITORY	
GAVILAX ORAL POWDER 17 GRAM/DOSE	
GENTLELAX ORAL POWDER 17 GRAM/DOSE	
<i>glycerin (adult) rectal suppository</i>	
<i>glycerin (child) rectal suppository</i>	
HEALTHYLAX ORAL POWDER IN PACKET 17 GRAM	
<i>lactulose oral packet 10 gram, 20 gram</i>	
<i>lactulose oral solution 10 gram/15 ml</i>	
LAXACLEAR ORAL POWDER 17 GRAM/DOSE	
LAXATIVE PEG 3350 ORAL POWDER 17 GRAM/DOSE	
<i>magnesium citrate oral solution</i>	
<i>magnesium hydroxide oral suspension 400 mg/5 ml</i>	
MILK OF MAGNESIA CONCENTRATED ORAL SUSPENSION 2,400 MG/10 ML	
MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5 ML	
NATURA-LAX ORAL POWDER 17 GRAM/DOSE	
ONELAX MAGNESIUM CITRATE ORAL SOLUTION	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	
POWDERLAX ORAL POWDER 17 GRAM/DOSE	
PURELAX ORAL POWDER 17 GRAM/DOSE	
PURELAX ORAL POWDER IN PACKET 17 GRAM	
SMOOTHLAX ORAL POWDER 17 GRAM/DOSE	
SMOOTHLAX ORAL POWDER IN PACKET 17 GRAM	
<i>sorbitol solution 70 %</i>	
<b>Laxative - Saline/Osmotic Mixtures</b>	
ENEMA DISPOSABLE RECTAL ENEMA 19-7 GRAM/118 ML	
ENEMA RECTAL ENEMA 19-7 GRAM/118 ML	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	

Drug Name	Notes
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	
ORAL SALINE LAXATIVE ORAL LIQUID 7.2-2.7 GRAM/15 ML	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	
PHOSPHATE LAXATIVE ORAL LIQUID 7.2-2.7 GRAM/15 ML	
PURE AND GENTLE (SALINE) RECTAL ENEMA 19-7 GRAM/118 ML	
READY-TO-USE ENEMA RECTAL ENEMA 19-7 GRAM/118 ML	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	
<b>Laxative - Stimulant And Surfactant Combinations</b>	
2-IN-1 LAXATIVE ORAL TABLET 8.6-50 MG	
DOCUZEN ORAL TABLET 8.6-50 MG	
LAX STOOL SOFTENER WITH SENNA ORAL TABLET 8.6-50 MG	
LAXACIN ORAL TABLET 8.6-50 MG	
P-COL RITE ORAL TABLET 8.6-50 MG	
SENXON-S ORAL TABLET 8.6-50 MG	
SENNA PLUS ORAL TABLET 8.6-50 MG	
SENNA-S ORAL TABLET 8.6-50 MG	
SENNA-TIME S ORAL TABLET 8.6-50 MG	
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	
STIMULANT LAXATIVE PLUS ORAL TABLET 8.6-50 MG	
STOOL SOFTENER-LAXATIVE ORAL TABLET 8.6-50 MG	
STOOL SOFTENER-STIMULANT LAXAT ORAL TABLET 8.6-50 MG	
VEGETABLE LAX-STOOL SOFTENER ORAL TABLET 8.6-50 MG	
<b>Laxative - Stimulant</b>	
<i>bisacodyl oral tablet, delayed release (dr/ec) 5 mg</i>	
<i>bisacodyl rectal suppository 10 mg</i>	
<i>castor oil oral oil , 100 %</i>	
CHOCOLATE LAXATIVE ORAL TABLET, CHEWABLE 15 MG	
C-LAX LAXATIVE (BISACODYL) ORAL TABLET, DELAYED RELEASE (DR/EC) 5 MG	
EVAC-U-GEN (SENNOSIDES) ORAL TABLET 8.6 MG	

Drug Name	Notes
GENTLE LAXATIVE (BISACODYL) ORAL TABLET, DELAYED RELEASE (DR/EC) 5 MG	
GENTLE LAXATIVE (BISACODYL) RECTAL SUPPOSITORY 10 MG	
GERI-KOT ORAL TABLET 8.6 MG	
LAXATIVE (BISACODYL) ORAL TABLET 5 MG	
LAXATIVE (BISACODYL) ORAL TABLET, DELAYED RELEASE (DR/EC) 5 MG	
LAXATIVE (BISACODYL) RECTAL SUPPOSITORY 10 MG	
NATURAL SENNA LAXATIVE ORAL TABLET 8.6 MG	
NATURAL VEG LAXATIVE (SENNOSID) ORAL TABLET 8.6 MG	
ONELAX BISACODYL RECTAL SUPPOSITORY 10 MG	
SENNA LAX ORAL TABLET 8.6 MG	
SENNA LAXATIVE ORAL TABLET 8.6 MG	
SENNA ORAL SYRUP 8.8 MG/5 ML	
SENNA ORAL TABLET 8.6 MG	
<i>sennosides oral syrup 8.8 mg/5 ml</i>	
THE MAGIC BULLET RECTAL SUPPOSITORY 10 MG	
VEGETABLE LAXATIVE ORAL TABLET 8.6 MG	
WOMAN'S LAXATIVE (BISACODYL) ORAL TABLET 5 MG	
WOMEN'S GENTLE LAXATIVE (BISAC) ORAL TABLET, DELAYED RELEASE (DR/EC) 5 MG	
WOMEN'S LAXATIVE (BISACODYL) ORAL TABLET 5 MG	
<b>Laxative - Surfactant</b>	
COL-RITE ORAL CAPSULE 100 MG, 250 MG	
<i>docusate calcium oral capsule 240 mg</i>	
<i>docusate sodium oral capsule 100 mg, 250 mg</i>	
<i>docusate sodium oral liquid 50 mg/5 ml</i>	
<i>docusate sodium oral syrup 60 mg/15 ml</i>	
<i>docusate sodium oral tablet 100 mg</i>	
DOK ORAL TABLET 100 MG	
DSS ORAL CAPSULE 250 MG	
DULCOLAX STOOL SOFTENER (DSS) ORAL CAPSULE 100 MG	
LAXA BASIC ORAL CAPSULE 100 MG	
MOVE IT ALONG ORAL TABLET 100 MG	
PEDIA-LAX STOOL SOFTENER ORAL SYRUP 50 MG/15 ML	
PHILLIPS' LIQUI-GELS ORAL CAPSULE 100 MG	

Drug Name	Notes
PROMOLAXIN ORAL TABLET 100 MG	
STOOL SOFTENER (DOCUSATE CAL) ORAL CAPSULE 240 MG	
STOOL SOFTENER ORAL CAPSULE 100 MG, 250 MG, 50 MG	
STOOL SOFTENER ORAL LIQUID 50 MG/5 ML	
STOOL SOFTENER ORAL SYRUP 60 MG/15 ML	
STOOL SOFTENER ORAL TABLET 100 MG	
<b>Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives</b>	
<i>sucralfate oral suspension 100 mg/ml</i>	
<i>sucralfate oral tablet 1 gram</i>	
<b>Short Bowel Syndrome (Sbs) Agents</b>	
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	S
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	S
<b>GENITOURINARY THERAPY</b>	
<b>Cystinosis Therapy (Cystine Depleting Agents)</b>	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	S; LA
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	PA; S; LA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	PA; S; LA
<b>Interstitial Cystitis Agents</b>	
ELMIRON ORAL CAPSULE 100 MG	QL (3 EA per 1 day)
<b>Phosphate Binders - Calcium-Based</b>	
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	
<b>Phosphate Binders - Iron-Based</b>	
<i>ferric citrate oral tablet 210 mg iron</i>	ST
<b>Phosphate Binders</b>	
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	
<i>ferric citrate oral tablet 210 mg iron</i>	ST
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	ST
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	ST
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	ST
<i>sevelamer carbonate oral tablet 800 mg</i>	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	ST

Drug Name	Notes
<b>Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists</b>	
<i>tolvaptan (polycyst kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)</i>	PA; S; LA
<b>Prostatic Hypertrophy Agent - Alpha-1-Adrenoceptor Antagonists</b>	
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	
<i>tamsulosin oral capsule 0.4 mg</i>	
<b>Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors</b>	
<i>finasteride oral tablet 5 mg</i>	
<b>Prostatic Hypertrophy Agent-Type I And II 5-Alpha Reductase Inhibitors</b>	
<i>dutasteride oral capsule 0.5 mg</i>	
<b>Urinary Acidifier - Phosphates</b>	
PHOSPHA 250 NEUTRAL ORAL TABLET 250 MG	
PHOSPHOROUS ORAL TABLET 250 MG	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 250 MG	
WES-PHOS 250 NEUTRAL ORAL TABLET 250 MG	
<b>Urinary Alkalinizer - Citrates</b>	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	
<b>Urinary Analgesics</b>	
URINARY PAIN RELIEF ORAL TABLET 95 MG	
<b>Urinary Antibacterial - Methenamine And Salts</b>	
<i>methenamine hippurate oral tablet 1 gram</i>	
<b>Urinary Antibacterial - Nitrofurantoin Derivatives</b>	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i>	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	
<b>Urinary Antibacterials Other</b>	
<i>fosfomycin tromethamine oral packet 3 gram</i>	
<b>Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder)</b>	
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	
<b>Urinary Antispasmodic - Smooth Muscle Relaxants</b>	
<i>flavoxate oral tablet 100 mg</i>	

Drug Name	Notes
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	
<i>oxybutynin chloride oral tablet 5 mg</i>	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	
OXYTROL FOR WOMEN TRANSDERMAL PATCH 4 DAY 3.9 MG/24 HOUR	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	
<i>tropium oral tablet 20 mg</i>	
<b>Urinary Retention Therapy - Parasympathomimetic Agents</b>	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	
<b>GOUT AND HYPERURICEMIA THERAPY</b>	
<b>Gout Acute Therapy - Antimitotics</b>	
<i>colchicine oral capsule 0.6 mg</i>	
<i>colchicine oral tablet 0.6 mg</i>	
<b>Gout And Hyperuricemia - Antimitotic-Uricosuric Combinations</b>	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	
<b>Hyperuricemia Therapy - Uricosurics</b>	
<i>probenecid oral tablet 500 mg</i>	
<b>Hyperuricemia Therapy - Xanthine Oxidase Inhibitors</b>	
<i>allopurinol oral tablet 100 mg, 300 mg</i>	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	
<b>HEMATOLOGICAL AGENTS</b>	
<b>Agents To Treat Attp- Anti Von Willebrand Factor (Vwf) A1 Domain</b>	
CABLIVI INJECTION KIT 11 MG	PA; QL (1 EA per 1 day); S; LA
<b>Anticoagulants - Coumarin</b>	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	
<b>C1 Esterase Inhibitor Agents</b>	
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	PA; QL (2 EA per 30 days); S; LA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	PA; S; LA
<b>Direct Factor Xa Inhibitors</b>	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	

Drug Name	Notes
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	
<i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i>	
<i>rivaroxaban oral tablet 2.5 mg</i>	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	
<b>Erythropoietins</b>	
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	PA; S
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	PA; S
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	PA; S
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	PA; S
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	PA; S
<b>Granulocyte Colony-Stimulating Factor (G-Csf)</b>	
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	S
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	S
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	S
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	S
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	S
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	S
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	S
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	S
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	S
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	S

Drug Name	Notes
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	S
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	S
<b>Granulocyte-Macrophage Colony-Stimulating Factor (Gm-Csf)</b>	
LEUKINE INJECTION RECON SOLN 250 MCG	S
<b>Hematorheologic Agents</b>	
<i>pentoxifylline oral tablet extended release 400 mg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Hemostatic Systemic - Antifibrinolytic Agents</b>	
<i>tranexamic acid oral tablet 650 mg</i>	
<b>Heparins</b>	
<i>heparin (porcine) injection solution 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	
<i>heparin, porcine (pf) injection syringe 5,000 unit/ml</i>	
<b>Indirect Factor Xa Inhibitors</b>	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	
<b>Low Molecular Weight Heparins</b>	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	S
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	S
<b>Platelet Aggregation Inhib - Cyclopentyl-Triazolo-Pyrimidines (Cptps)</b>	
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	
<b>Platelet Aggregation Inhibitor Combinations</b>	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	
<b>Platelet Aggregation Inhibitors - Phosphodiesterase Iii Inhibitors</b>	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	

Drug Name	Notes
<b>Platelet Aggregation Inhibitors - Quinazoline Agents</b>	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	
<b>Platelet Aggregation Inhibitors - Salicylates</b>	
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	
<i>aspirin oral tablet 325 mg</i>	
<i>aspirin oral tablet,chewable 81 mg</i>	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 500 mg, 650 mg, 81 mg</i>	
BAYER ASPIRIN ORAL TABLET 325 MG	
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	
ECOTRIN LOW STRENGTH ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	
VAZALORE ORAL CAPSULE 81 MG	
<b>Platelet Aggregation Inhibitors - Thienopyridine Agents</b>	
<i>clopidogrel oral tablet 75 mg</i>	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	
<b>Platelet Aggregation Inhib-Pdesterase And Adenosine Deaminase Inhibitr</b>	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	
<b>Pyruvate Kinase (Pk) Activators</b>	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	PA; QL (2 EA per 1 day); S; LA
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	PA; QL (2 EA per 1 day); S; LA
<b>Sickle Cell Anemia Agents, Others</b>	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	
SIKLOS ORAL TABLET 100 MG	QL (1 EA per 1 day)
<b>Thrombin Inhibitor - Selective Direct And Reversible</b>	
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	

Drug Name	Notes
<b>Thrombopoietin Receptor Agonists</b>	
<i>eltrombopag olamine oral powder in packet 12.5 mg</i>	PA; QL (1 EA per 1 day); S; LA
<i>eltrombopag olamine oral powder in packet 25 mg</i>	PA; QL (6 EA per 1 day); S; LA
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	PA; QL (1 EA per 1 day); S; LA
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	PA; QL (2 EA per 1 day); S; LA
<b>IMMUNOSUPPRESSIVE AGENTS</b>	
<b>Immunosuppressive - Calcineurin Inhibitors</b>	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	
<i>cyclosporine modified oral solution 100 mg/ml</i>	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	
GENGRAF ORAL SOLUTION 100 MG/ML	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	
<i>tacrolimus oral capsule, extended release 24hr 0.5 mg, 1 mg, 5 mg</i>	
<b>Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors</b>	
<i>mycophenolate mofetil oral capsule 250 mg</i>	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	
<i>mycophenolate mofetil oral tablet 500 mg</i>	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	
<b>Immunosuppressive - Interleukin-6 (Il-6) Receptor Inhibitors</b>	
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	PA; S; LA
<b>Immunosuppressive - Mammalian Target Of Rapamycin (Mtor) Inhibitors</b>	
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	S
<i>sirolimus oral solution 1 mg/ml</i>	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<b>Immunosuppressive - Purine Analogs</b>	
<i>azathioprine oral tablet 50 mg</i>	
<b>LOCOMOTOR SYSTEM</b>	
<b>Als Agents - Antioxidants/Anti-Inflammatories</b>	
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	PA; QL (50 ML per 28 days); S; LA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	PA; QL (50 ML per 28 days); S; LA

<b>Drug Name</b>	<b>Notes</b>
<b>Amyotrophic Lateral Sclerosis (ALS) Agents - Benzothiazoles</b>	
<i>riluzole oral tablet 50 mg</i>	
<b>Antimyasthenic Agent - Reversible Cholinesterase Inhibitors</b>	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	
<i>pyridostigmine bromide oral tablet 60 mg</i>	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	
<b>Skeletal Muscle Relaxant - Analgesic Salicylate Combinations</b>	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	
<b>Skeletal Muscle Relaxant - Central Muscle Relaxants</b>	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	
<i>chlorzoxazone oral tablet 500 mg</i>	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	
<i>metaxalone oral tablet 800 mg</i>	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	
VANADOM ORAL TABLET 350 MG	
<b>Skeletal Muscle Relaxant - Direct Muscle Relaxants</b>	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	
<b>Skeletal Muscle Relaxant - Opioid Analgesic Combinations</b>	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	PA; QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day); Note (PA FOR AGE <18)
<b>Skeletal Muscle Relaxant, Salicylate, And Opioid Analgesic Comb.</b>	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	PA; QL (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day); Note (PA FOR AGE <18)
<b>MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT (DME)</b>	
<b>Medical Supplies And Dme - Blood Glucose Tests</b>	
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	PA; QL (5 EA per 1 day)
ACCU-CHEK GUIDE TEST STRIPS STRIP	PA; QL (5 EA per 1 day)
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	PA; QL (5 EA per 1 day)
CONTOUR NEXT TEST STRIPS STRIP	QL (5 EA per 1 day)

<b>Drug Name</b>	<b>Notes</b>
CONTOUR PLUS TEST STRIP STRIP	QL (5 EA per 1 day)
CONTOUR TEST STRIPS STRIP	QL (5 EA per 1 day)
FREESTYLE INSULINX STRIP	QL (5 EA per 1 day)
FREESTYLE INSULINX TEST STRIPS STRIP	QL (5 EA per 1 day)
FREESTYLE LITE STRIPS STRIP	QL (5 EA per 1 day)
FREESTYLE PRECISION NEO STRIPS STRIP	QL (5 EA per 1 day)
FREESTYLE TEST STRIP	QL (5 EA per 1 day)
GLUCOCARD EXPRESSION STRIP	QL (5 EA per 1 day)
GLUCOCARD SHINE TEST STRIPS STRIP	QL (5 EA per 1 day)
GLUCOCARD VITAL SENSOR STRIP	QL (5 EA per 1 day)
ONETOUCH ULTRA TEST STRIP	PA; QL (5 EA per 1 day)
ONETOUCH VERIO TEST STRIPS STRIP	PA; QL (5 EA per 1 day)
PRECISION XTRA TEST STRIP	QL (5 EA per 1 day)
<b>Medical Supplies And Dme - Cervical Caps</b>	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	
<b>Medical Supplies And Dme - Diaphragms</b>	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	
<b>Medical Supplies And Dme - Female Condoms</b>	
FC2 FEMALE CONDOM	
<b>Medical Supplies And Dme - Glucose Monitoring Test Supplies</b>	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION	
ACCU-CHEK FASTCLIX LANCET DRUM	
ACCU-CHEK FASTCLIX LANCING DEV KIT	
ACCU-CHEK GUIDE GLUCOSE METER	PA
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	
ACCU-CHEK GUIDE ME GLUCOSE MTR	PA
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	
ACCU-CHEK SOFT DEV LANCETS KIT	
ACCU-CHEK SOFTCLIX LANCETS	

Drug Name	Notes
CONTOUR METER	
CONTOUR NEXT EZ METER	
CONTOUR NEXT GEN METER	
CONTOUR NEXT METER	
CONTOUR NEXT ONE METER	
CONTOUR PLUS BLUE METER	
DEXCOM G6 RECEIVER	PA; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE	PA; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	PA; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER	PA; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE	PA; QL (3 EA per 30 days)
DROPLET LANCETS 30 GAUGE	
FREESTYLE FREEDOM LITE KIT	
FREESTYLE INSULINX	
FREESTYLE LIBRE 14 DAY READER	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	PA
FREESTYLE LIBRE 3 READER	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	PA; QL (2 EA per 28 days)
FREESTYLE LITE METER KIT	
GLUCOCARD EXPRESSION	
GLUCOCARD EXPRESSION KIT	
GLUCOCARD SHINE CONNEX METER	
GLUCOCARD SHINE EXPRESS METER	
GLUCOCARD SHINE METER	
GLUCOCARD SHINE METER KIT KIT	
GLUCOCARD SHINE XL METER	
GLUCOCARD VITAL KIT	
MICROLET LANCET	
ONETOUCH DELICA PLUS LANCET 30 GAUGE	
ONETOUCH ULTRA CONTROL SOLUTION	
ONETOUCH ULTRA2 METER	PA
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE	
ONETOUCH VERIO FLEX METER	PA
ONETOUCH VERIO HIGH CONTROL SOLUTION	

<b>Drug Name</b>	<b>Notes</b>
ONETOUCH VERIO MID CONTROL SOLUTION	
ONETOUCH VERIO REFLECT METER	
PRECISION XTRA MONITOR	
<b>Medical Supplies And Dme - Insulin Needles-Syringes And Admin Supplies</b>	
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	QL (8 EA per 1 day)
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	QL (8 EA per 1 day)
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	QL (8 EA per 1 day)
TECHLITE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	QL (8 EA per 1 day)
TECHLITE PLUS PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	QL (8 EA per 1 day)
<b>Medical Supplies And Dme - Male Condoms</b>	
TRUSTEX LATEX CONDOM DEVICE	
TRUSTEX LUBRICATED CONDOMS DEVICE	
TRUSTEX NON-LUB CONDOMS DEVICE	
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	
<b>MEDICAL SUPPLY, FDB SUPERSET</b>	
<b>Medical Supply, Fdb Superset</b>	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION	
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	PA; QL (5 EA per 1 day)
ACCU-CHEK GUIDE GLUCOSE METER	PA
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	
ACCU-CHEK GUIDE ME GLUCOSE MTR	PA
ACCU-CHEK GUIDE TEST STRIPS STRIP	PA; QL (5 EA per 1 day)
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	PA; QL (5 EA per 1 day)
DEXCOM G6 RECEIVER	PA; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE	PA; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	PA; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER	PA; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE	PA; QL (3 EA per 30 days)
FC2 FEMALE CONDOM	

Drug Name	Notes
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	
FREESTYLE LIBRE 14 DAY READER	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	PA
FREESTYLE LIBRE 3 READER	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	PA; QL (2 EA per 28 days)
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	PA; QL (15 EA per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	PA; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	PA; QL (15 EA per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	PA; QL (1 EA per 365 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	PA; QL (15 EA per 30 days)
ONETOUCH ULTRA CONTROL SOLUTION	
ONETOUCH ULTRA TEST STRIP	PA; QL (5 EA per 1 day)
ONETOUCH ULTRA2 METER	PA
ONETOUCH VERIO FLEX METER	PA
ONETOUCH VERIO HIGH CONTROL SOLUTION	
ONETOUCH VERIO MID CONTROL SOLUTION	
ONETOUCH VERIO REFLECT METER	
ONETOUCH VERIO TEST STRIPS STRIP	PA; QL (5 EA per 1 day)
TRUSTEX LATEX CONDOM DEVICE	
TRUSTEX LUBRICATED CONDOMS DEVICE	
TRUSTEX NON-LUB CONDOMS DEVICE	
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	

Drug Name	Notes
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	
<b>METABOLIC DISEASE ENZYME REPLACEMENT AGENTS</b>	
<b>Metabolic Disease Enzyme Replacement, Hypophosphatasia</b>	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	PA; S; LA
<b>Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency</b>	
REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	PA; S; LA
<b>METABOLIC MODIFIERS</b>	
<b>Hyperparathyroid Treatment Agents - Vitamin D Analog-Type</b>	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	
<i>calcitriol oral solution 1 mcg/ml</i>	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	
<b>Metabolic Modifier - Carnitine Replenisher Agents</b>	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	
<i>levocarnitine oral solution 100 mg/ml</i>	
<i>levocarnitine oral tablet 330 mg</i>	
<b>Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx</b>	
CERDELGA ORAL CAPSULE 84 MG	PA; S
<i>miglustat oral capsule 100 mg</i>	PA; S
<b>Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents</b>	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	PA; S; LA
<b>Metabolic Modifier - Tyrosine Metabolism Disorder Agents</b>	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	S; LA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	S; LA
ORFADIN ORAL SUSPENSION 4 MG/ML	S; LA
<b>Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating Agents</b>	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	PA; S; LA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	PA; S; LA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PA; S; LA

Drug Name	Notes
<b>Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (Cps 1) Activator</b>	
<i>carglumic acid oral tablet, dispersible 200 mg</i>	PA; S
<b>Pharmacoenhancer - Cytochrome P450 Inhibitors</b>	
TYBOST ORAL TABLET 150 MG	
<b>Pharmacological Chaperone Tx - Alpha-Galactosidase A Enzyme Stabilizer</b>	
GALAFOLD ORAL CAPSULE 123 MG	PA; QL (0.5 EA per 1 day); S; LA
<b>Phenylketonuria(Pku) Tx Agents - Phenylalanine Ammonia Lyase</b>	
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	PA; QL (1 ML per 1 day); S; LA
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	PA; QL (8 ML per 28 days); S; LA
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	PA; QL (3 ML per 1 day); S; LA
<b>MOUTH-THROAT-DENTAL - PREPARATIONS</b>	
<b>Dental Product - Fluoride Preparations</b>	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	Note (ELIGIBLE FOR 90 DAY SUPPLY)
DENTAGEL DENTAL GEL 1.1 %	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>fluoride (sodium) dental cream 1.1 %</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>fluoride (sodium) dental gel 1.1 %</i>	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
LUDENT FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG(0.55 MG SOD. FLUORIDE), 0.5 MG (1.1 MG SODIUM FLUORID), 1 MG (2.2 MG SOD. FLUORIDE)	Note (ELIGIBLE FOR 90 DAY SUPPLY)
PHOS-FLUR DENTAL SOLUTION 0.02 % (0.044 % SOD. FLUORIDE)	Note (ELIGIBLE FOR 90 DAY SUPPLY)
PREVIDENT DENTAL GEL 1.1 %	
SF 5000 PLUS DENTAL CREAM 1.1 %	Note (ELIGIBLE FOR 90 DAY SUPPLY)
SF DENTAL GEL 1.1 %	Note (ELIGIBLE FOR 90 DAY SUPPLY)
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Mouth And Throat - Antifungals</b>	
<i>clotrimazole mucous membrane troche 10 mg</i>	

Drug Name	Notes
<i>nystatin oral suspension 100,000 unit/ml</i>	
<b>Mouth And Throat - Antiseptics</b>	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	
PAROEX ORAL RINSE MUCOUS MEMBRANE MOUTHWASH 0.12 %	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	
<b>Mouth And Throat - Glucocorticoids</b>	
ORALONE DENTAL PASTE 0.1 %	
<i>triamcinolone acetonide dental paste 0.1 %</i>	
<b>Mouth And Throat - Local Anesthetic Amides</b>	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	
<b>Mouth And Throat - Mucositis-Stomatitis Agents</b>	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	PA; QL (3 ML per 1 day)
<b>Mouth And Throat - Saliva Stimulants</b>	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	
<b>Therapy For Drooling- Primary Or Secondary Sialorrhea- Anticholinergic</b>	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	
<b>MULTIPLE SCLEROSIS AGENTS</b>	
<b>Multiple Sclerosis Agent - Cd20 Specific Monoclonal Antibody</b>	
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	PA; S; LA
<b>Multiple Sclerosis Agent - Interferons</b>	
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	PA; S
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	PA; QL (4 EA per 28 days); S
BETASERON SUBCUTANEOUS KIT 0.3 MG	PA; S
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	PA; QL (1 ML per 28 days); S
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	PA; QL (1 ML per 28 days); S
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	PA; QL (1 ML per 28 days); S
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	PA; QL (6 ML per 30 days); S
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	PA; QL (6 ML per 30 days); S

<b>Drug Name</b>	<b>Notes</b>
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	PA; QL (1 claim per 365 days); S
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	PA; QL (1 claim per 365 days); S
<b>Multiple Sclerosis Agent - Others</b>	
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	QL (1 ML per 1 day); S
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	QL (12 ML per 28 days); S
<b>Multiple Sclerosis Agent - Potassium Channel Blocker</b>	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	QL (2 EA per 1 day)
<b>Multiple Sclerosis Agent - Purine Nucleoside Analogs</b>	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	PA; S; LA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	PA; S; LA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	PA; S; LA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	PA; S; LA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	PA; S; LA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	PA; S; LA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	PA; S; LA
<b>Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors</b>	
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	QL (1 EA per 1 day); S
<b>Multiple Sclerosis Agent - Sphingosine 1-Phosphate Receptor Modulator</b>	
<i>fingolimod oral capsule 0.5 mg</i>	QL (1 EA per 1 day); S
MAYZENT ORAL TABLET 0.25 MG	PA; QL (5 EA per 1 day); S; LA
MAYZENT ORAL TABLET 1 MG	PA; QL (1 EA per 1 day); S; LA
MAYZENT ORAL TABLET 2 MG	PA; S; LA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	PA; S; LA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	PA; S; LA
ZEPOSIA ORAL CAPSULE 0.92 MG	PA; S
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	PA; S
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	PA; S

Drug Name	Notes
<b>OPHTHALMIC AGENTS</b>	
<b>Artificial Tears And Lubricant Combinations</b>	
ARTIFICIAL EYE LUBRICANT OPHTHALMIC (EYE) OINTMENT 83-15 %	
ARTIFICIAL TEARS (PF) OPHTHALMIC (EYE) DROPPERETTE , 0.1-0.3 %	
ARTIFICIAL TEARS(GLYCERIN-PEG) OPHTHALMIC (EYE) DROPS 1-0.3 %	
ARTIFICIAL TEARS(PG-HYPM-GLYC) OPHTHALMIC (EYE) DROPS 1-0.2-0.2 %	
ARTIFICIAL TEARS(PVALCH-POVID) OPHTHALMIC (EYE) DROPS 0.5-0.6 %	
CLEAR EYES NATURAL TEARS OPHTHALMIC (EYE) DROPS 0.5-0.6 %	
DRY EYE RELIEF OPHTHALMIC (EYE) DROPS 1-0.2-0.2 %	
LUBRICANT (P-GLYCOL-GLYCERIN) OPHTHALMIC (EYE) DROPS 1-0.3 %	
LUBRICANT EYE (PG-PEG 400) OPHTHALMIC (EYE) DROPS 0.4-0.3 %	
LUBRICANT EYE OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %, 57.7-31.9 %	
LUBRIFRESH PM OPHTHALMIC (EYE) OINTMENT 83-15 %	
NATURAL TEARS (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 %	
NIGHTTIME DRY-EYE RELIEF OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %	
REFRESH LACRI-LUBE OPHTHALMIC (EYE) OINTMENT 56.8-42.5 %	
RESTORE PM OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %	
ULTRA FRESH PM OPHTHALMIC (EYE) OINTMENT	
ULTRA LUBRICANT EYE OPHTHALMIC (EYE) DROPS 0.4-0.3 %	
VISTA TEARS OPHTHALMIC (EYE) DROPS 0.4-0.3 %	
<b>Artificial Tears And Lubricant Single Agents</b>	
<i>carboxymethylcellulose sodium ophthalmic (eye) dropperette 0.5 %</i>	
<i>carboxymethylcellulose sodium ophthalmic (eye) drops 0.5 %</i>	
LUBRICANT EYE (PROPYL GLYCOL) OPHTHALMIC (EYE) DROPS 0.6 %	
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPPERETTE 0.5 %	

Drug Name	Notes
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPS 0.5 %	
LUBRICATING PLUS OPHTHALMIC (EYE) DROPPERETTE 0.5 %	
<i>polyvinyl alcohol ophthalmic (eye) drops 1.4 %</i>	
RESTORE PLUS (CMCELLULOSE) OPHTHALMIC (EYE) DROPPERETTE 0.5 %	
ULTRA FRESH OPHTHALMIC (EYE) DROPS 0.5 %	
VISTA MEIBO TEARS OPHTHALMIC (EYE) DROPS 0.6 %	
<b>Miotics - Direct Acting</b>	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	
<b>Ophthalmic - Adrenergic Receptor Agonist</b>	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	PA; QL (2 EA per 1 day)
<b>Ophthalmic - Antibacterial-Glucocorticoid Combinations</b>	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	
<b>Ophthalmic - Anticholinergics</b>	
<i>atropine ophthalmic (eye) drops 1 %</i>	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	
<b>Ophthalmic - Antihistamines</b>	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	
<b>Ophthalmic - Anti-Inflammatory, Glucocorticoids</b>	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	

Drug Name	Notes
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	
<b>Ophthalmic - Anti-Inflammatory, Nsaids</b>	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	
<b>Ophthalmic - Beta Blockers-Carbonic Anhydrase Inhibitor Combinations</b>	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	
<b>Ophthalmic - Carbonic Anhydrase Inhibitors</b>	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	
<b>Ophthalmic - Cystine Depleting Agents</b>	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	QL (20 ML per 28 days); S; LA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	QL (2 ML per 1 day); S; LA
<b>Ophthalmic - Decongestants</b>	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	
REDNESS RELIEVER LUBRICANT OPHTHALMIC (EYE) DROPS 0.012-0.2 %	
<b>Ophthalmic - Human Nerve Growth Factor (Hngf)</b>	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	PA; QL (1 ML per 1 day); S; LA
<b>Ophthalmic - Intraocular Pressure Reducing Agents, Beta-Blockers</b>	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	
<i>carteolol ophthalmic (eye) drops 1 %</i>	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %</i>	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	
<i>timolol ophthalmic (eye) drops 0.5 %</i>	

Drug Name	Notes
<b>Ophthalmic Antibacterial Mixtures</b>	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	
<b>Ophthalmic Antibiotic - Aminoglycosides</b>	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	
<b>Ophthalmic Antibiotic - Dehydropeptidase Inhibitors</b>	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	
<b>Ophthalmic Antibiotic - Fluoroquinolones</b>	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	
<i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	
<b>Ophthalmic Antibiotic - Macrolides</b>	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	QL (7 GM per 30 days)
<b>Ophthalmic Antibiotic - Sulfonamides</b>	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	
<b>Ophthalmic Antivirals</b>	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	
<b>Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists</b>	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	
<b>Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs</b>	
<i>bimatoprost (pf) ophthalmic (eye) drops 0.01 %</i>	ST; QL (5 ML per 28 days)
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	ST; QL (2.5 ML per 25 days)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	QL (2.5 ML per 25 days)
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	ST; QL (2.5 ML per 25 days)
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	

Drug Name	Notes
<b>OTIC (EAR)</b>	
<b>Otic (Ear) - Anti-Infective-Glucocorticoid Combinations</b>	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	
<b>Otic (Ear) - Anti-Infectives Other</b>	
<i>acetic acid otic (ear) solution 2 %</i>	
<b>Otic (Ear) - Fluoroquinolones</b>	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	
<i>ofloxacin otic (ear) drops 0.3 %</i>	
<b>Otic (Ear) - Glucocorticoids</b>	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	
<b>Otic (Ear) - Wax Removers-Softeners</b>	
CLINERE EAR WAX REMOVAL OTIC (EAR) DROPS 6.5 %	
EAR DROPS (CARBAMIDE PEROXIDE) OTIC (EAR) DROPS 6.5 %	
EAR WAX REMOVAL DROPS OTIC (EAR) DROPS 6.5 %	
EAR WAX REMOVAL KIT OTIC (EAR) DROPS 6.5 %	
MURINE EAR WAX REMOVAL SYSTEM OTIC (EAR) DROPS 6.5 %	
<b>RESPIRATORY THERAPY AGENTS</b>	
<b>1St Generation Antihistamine-Decongestant Combinations</b>	
APRODINE ORAL TABLET 2.5-60 MG	
LOHIST - D ORAL LIQUID 2-30 MG/5 ML	
PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	
RYNEX PSE ORAL LIQUID 1-15 MG/5 ML	
WAL-ACT D COLD AND ALLERGY ORAL TABLET 2.5-60 MG	
<b>Antihistamine - 1St Generation - Alkylamines</b>	
ALLERGY (CHLORPHENIRAMINE) ORAL TABLET 4 MG	
ALLERGY RELIEF(CHLORPHENIRAMN) ORAL TABLET 4 MG	
ALLERGY-TIME ORAL TABLET 4 MG	
CHLORHIST ORAL TABLET 4 MG	

Drug Name	Notes
<i>chlorpheniramine maleate oral tablet 4 mg</i>	
CHLORTABS ORAL TABLET 4 MG	
ED CHLORPED JR ORAL SYRUP 2 MG/5 ML	
PHARBECHLOR ORAL TABLET 4 MG	
WAL-FINATE ORAL TABLET 4 MG	
<b>Antihistamine - 1St Generation - Ethanolamines</b>	
ALER-CAP ORAL CAPSULE 25 MG	
ALKA-SELTZER PLUS ALLERGY ORAL TABLET 25 MG	
ALLER-G-TIME ORAL TABLET 25 MG	
ALLERGY (DIPHENHYDRAMINE) ORAL CAPSULE 25 MG	
ALLERGY (DIPHENHYDRAMINE) ORAL LIQUID 12.5 MG/5 ML	
ALLERGY (DIPHENHYDRAMINE) ORAL TABLET 25 MG	
ALLERGY MEDICATION ORAL CAPSULE 25 MG	
ALLERGY MEDICINE ORAL TABLET 25 MG	
ALLERGY ORAL LIQUID 12.5 MG/5 ML	
ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL CAPSULE 25 MG	
ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL LIQUID 12.5 MG/5 ML	
ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL TABLET 25 MG	
BANOPHEN ORAL CAPSULE 50 MG	
BANOPHEN ORAL TABLET 25 MG	
BENADRYL ALLERGY ORAL TABLET 25 MG	
CHILDREN'S ALLERGY (DIPHENHYD) ORAL LIQUID 12.5 MG/5 ML	
CHILDREN'S WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML	
CHILDREN'S WAL-DRYL ALLERGY ORAL PREFILLED SPOON 12.5 MG/5 ML	
<i>clemastine oral tablet 2.68 mg</i>	
COMPLETE ALLERGY MEDICINE ORAL TABLET 25 MG	
COMPLETE ALLERGY ORAL CAPSULE 25 MG	
COMPLETE ALLERGY ORAL TABLET 25 MG	
DAYHIST ALLERGY ORAL TABLET 1.34 MG	
DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML	
DIPHEDRYL ORAL LIQUID 12.5 MG/5 ML	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	
DIPHEN ORAL TABLET 25 MG	

Drug Name	Notes
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	
<i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i>	
<i>diphenhydramine hcl oral tablet 25 mg</i>	
GERI-DRYL ORAL LIQUID 12.5 MG/5 ML	
GERI-DRYL ORAL TABLET 25 MG	
M-DRYL ORAL LIQUID 12.5 MG/5 ML	
NIGHTTIME ALLERGY RELIEF ORAL TABLET 25 MG	
NIGHTTIME SLEEP AID (DIPHEN) ORAL TABLET 25 MG	
NYTOL ORAL TABLET 25 MG	
PHARBEDRYL ORAL CAPSULE 25 MG, 50 MG	
SILADRYL SA ORAL LIQUID 12.5 MG/5 ML	
SIMPLY SLEEP ORAL TABLET 25 MG	
SLEEP AID (DIPHENHYDRAMINE) ORAL TABLET 25 MG	
SLEEP II ORAL TABLET 25 MG	
SLEEP TABLET (DIPHENHYDRAMINE) ORAL TABLET 25 MG	
SOMINEX ORAL TABLET 25 MG	
TOTAL ALLERGY MEDICINE ORAL TABLET 25 MG	
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG	
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML	
WAL-DRYL ALLERGY ORAL TABLET 25 MG	
<b>Antihistamine - 1st Generation - Phenothiazines</b>	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	
<b>Antihistamine - 1st Generation - Piperidines</b>	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	
<i>cyproheptadine oral tablet 4 mg</i>	
<b>Antihistamines - 1st Generation</b>	
ALER-CAP ORAL CAPSULE 25 MG	
ALKA-SELTZER PLUS ALLERGY ORAL TABLET 25 MG	
ALLER-G-TIME ORAL TABLET 25 MG	
ALLERGY (CHLORPHENIRAMINE) ORAL TABLET 4 MG	
ALLERGY (DIPHENHYDRAMINE) ORAL CAPSULE 25 MG	
ALLERGY (DIPHENHYDRAMINE) ORAL LIQUID 12.5 MG/5 ML	

Drug Name	Notes
ALLERGY (DIPHENHYDRAMINE) ORAL TABLET 25 MG	
ALLERGY MEDICATION ORAL CAPSULE 25 MG	
ALLERGY MEDICINE ORAL TABLET 25 MG	
ALLERGY ORAL LIQUID 12.5 MG/5 ML	
ALLERGY RELIEF(CHLORPHENIRAMN) ORAL TABLET 4 MG	
ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL CAPSULE 25 MG	
ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL LIQUID 12.5 MG/5 ML	
ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL TABLET 25 MG	
ALLERGY-TIME ORAL TABLET 4 MG	
BANOPHEN ORAL CAPSULE 50 MG	
BANOPHEN ORAL TABLET 25 MG	
BENADRYL ALLERGY ORAL TABLET 25 MG	
CHILDREN'S ALLERGY (DIPHENHYD) ORAL LIQUID 12.5 MG/5 ML	
CHILDREN'S WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML	
CHILDREN'S WAL-DRYL ALLERGY ORAL PREFILLED SPOON 12.5 MG/5 ML	
CHLORHIST ORAL TABLET 4 MG	
<i>chlorpheniramine maleate oral tablet 4 mg</i>	
CHLORTABS ORAL TABLET 4 MG	
<i>clemastine oral tablet 2.68 mg</i>	
COMPLETE ALLERGY MEDICINE ORAL TABLET 25 MG	
COMPLETE ALLERGY ORAL CAPSULE 25 MG	
COMPLETE ALLERGY ORAL TABLET 25 MG	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	
<i>cyproheptadine oral tablet 4 mg</i>	
DAYHIST ALLERGY ORAL TABLET 1.34 MG	
DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML	
DIPHEDRYL ORAL LIQUID 12.5 MG/5 ML	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	
DIPHEN ORAL TABLET 25 MG	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	
<i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i>	
<i>diphenhydramine hcl oral tablet 25 mg</i>	

Drug Name	Notes
ED CHLORPED JR ORAL SYRUP 2 MG/5 ML	
GERI-DRYL ORAL LIQUID 12.5 MG/5 ML	
GERI-DRYL ORAL TABLET 25 MG	
M-DRYL ORAL LIQUID 12.5 MG/5 ML	
NIGHTTIME ALLERGY RELIEF ORAL TABLET 25 MG	
NIGHTTIME SLEEP AID (DIPHEN) ORAL TABLET 25 MG	
NYTOL ORAL TABLET 25 MG	
PHARBECHLOR ORAL TABLET 4 MG	
PHARBEDRYL ORAL CAPSULE 25 MG, 50 MG	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	
SILADRYL SA ORAL LIQUID 12.5 MG/5 ML	
SIMPLY SLEEP ORAL TABLET 25 MG	
SLEEP AID (DIPHENHYDRAMINE) ORAL TABLET 25 MG	
SLEEP II ORAL TABLET 25 MG	
SLEEP TABLET (DIPHENHYDRAMINE) ORAL TABLET 25 MG	
SOMINEX ORAL TABLET 25 MG	
TOTAL ALLERGY MEDICINE ORAL TABLET 25 MG	
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG	
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML	
WAL-DRYL ALLERGY ORAL TABLET 25 MG	
WAL-FINATE ORAL TABLET 4 MG	
<b>Antihistamines - 2Nd Generation - Piperazines</b>	
24HOUR ALLERGY ORAL TABLET 10 MG	
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET 10 MG	
ALLERGY RELIEF (CETIRIZINE) ORAL SOLUTION 1 MG/ML	
ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG, 5 MG	
ALLER-TEC ORAL TABLET 10 MG	
<i>cetirizine oral solution 1 mg/ml</i>	
<i>cetirizine oral tablet 10 mg, 5 mg</i>	
CHILD ALLERGY RELF(CETIRIZINE) ORAL SOLUTION 1 MG/ML	
CHILDREN'S ALLERGY(CETIRIZINE) ORAL SOLUTION 1 MG/ML	
CHILDREN'S ALLER-TEC ORAL SOLUTION 1 MG/ML	

Drug Name	Notes
CHILDREN'S CETIRIZINE ORAL SOLUTION 1 MG/ML	
CHILDREN'S WAL-ZYR ORAL SOLUTION 1 MG/ML	
CHILD'S ALL DAY ALLERGY(CETIR) ORAL SOLUTION 1 MG/ML	
WAL-ZYR (CETIRIZINE) ORAL SOLUTION 1 MG/ML	
WAL-ZYR (CETIRIZINE) ORAL TABLET 10 MG	
<b>Antihistamines - 2Nd Generation - Piperidines</b>	
ALLERCLEAR ORAL TABLET 10 MG	
ALLERGY RELIEF (LORATADINE) ORAL SOLUTION 5 MG/5 ML	
ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG	
CHILDREN'S ALLERGY RELIEF(LOR) ORAL SOLUTION 5 MG/5 ML	
LORADAMED ORAL TABLET 10 MG	
<i>loratadine oral solution 5 mg/5 ml</i>	
<i>loratadine oral tablet 10 mg</i>	
WAL-ITIN ORAL SOLUTION 5 MG/5 ML	
WAL-ITIN ORAL TABLET 10 MG	
<b>Antihistamines - 2Nd Generation</b>	
24HOUR ALLERGY ORAL TABLET 10 MG	
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET 10 MG	
ALLERCLEAR ORAL TABLET 10 MG	
ALLERGY RELIEF (CETIRIZINE) ORAL SOLUTION 1 MG/ML	
ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG, 5 MG	
ALLERGY RELIEF (LORATADINE) ORAL SOLUTION 5 MG/5 ML	
ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG	
ALLER-TEC ORAL TABLET 10 MG	
<i>cetirizine oral solution 1 mg/ml</i>	
<i>cetirizine oral tablet 10 mg, 5 mg</i>	
CHILD ALLERGY RELF(CETIRIZINE) ORAL SOLUTION 1 MG/ML	
CHILDREN'S ALLERGY RELIEF(LOR) ORAL SOLUTION 5 MG/5 ML	
CHILDREN'S ALLERGY(CETIRIZINE) ORAL SOLUTION 1 MG/ML	
CHILDREN'S ALLER-TEC ORAL SOLUTION 1 MG/ML	
CHILDREN'S CETIRIZINE ORAL SOLUTION 1 MG/ML	
CHILDREN'S WAL-ZYR ORAL SOLUTION 1 MG/ML	

Drug Name	Notes
CHILD'S ALL DAY ALLERGY(CETIR) ORAL SOLUTION 1 MG/ML	
LORADAMED ORAL TABLET 10 MG	
<i>loratadine oral solution 5 mg/5 ml</i>	
<i>loratadine oral tablet 10 mg</i>	
WAL-ITIN ORAL SOLUTION 5 MG/5 ML	
WAL-ITIN ORAL TABLET 10 MG	
WAL-ZYR (CETIRIZINE) ORAL SOLUTION 1 MG/ML	
WAL-ZYR (CETIRIZINE) ORAL TABLET 10 MG	
<b>Antitussives - Non-Opioid</b>	
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	
<b>Asthma Therapy - Immunoglobulin E (Ige) Inhibitors, Mab</b>	
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PA; S; LA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PA; S; LA
<b>Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids)</b>	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation, 44 mcg/actuation</i>	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	
<b>Asthma Therapy - Interleukin-5 (Il-5) Inhibitors, Mab</b>	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PA; QL (1 ML per 28 days); S; LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	PA; QL (1 ML per 28 days); S; LA
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	PA; QL (0.4 ML per 28 days); S; LA
<b>Asthma Therapy - Interleukin-5 (Il-5) Receptor Alpha Antagonists, Mab</b>	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	PA; QL (1 ML per 56 days); S; LA
<b>Asthma Therapy - Leukotriene Receptor Antagonists</b>	
<i>montelukast oral tablet 10 mg</i>	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	
<b>Asthma Therapy - Mast Cell Stabilizers</b>	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	

Drug Name	Notes
<b>Asthma Therapy - Xanthines</b>	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 300 MG	
<i>theophylline oral elixir 80 mg/15 ml</i>	
<i>theophylline oral solution 80 mg/15 ml</i>	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	
<b>Asthma/Copd - Anticholinergic Agents, Inhaled Long Acting</b>	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Note (ELIGIBLE FOR 90 DAY SUPPLY)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Asthma/Copd - Anticholinergic Agents, Inhaled Short Acting</b>	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting</b>	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting</b>	
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	QL (2 INHALERS per 30 DAYS); Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Asthma/Copd Therapy - Beta Adrenergic Agents</b>	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	
<b>Asthma/Copd Therapy - Beta Adrenergic-Anticholinergic Combinations</b>	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	QL (8 GM per 30 days); Note (ELIGIBLE FOR 90 DAY SUPPLY)

Drug Name	Notes
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>umeclidinium-vilanterol inhalation blister with device 62.5-25 mcg/actuation</i>	
<b>Asthma/Copd Therapy - Beta Adrenergic-Glucocorticoid Combinations</b>	
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	QL (1 EA per 30 days); Note (ELIGIBLE FOR 90 DAY SUPPLY)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	Note (ELIGIBLE FOR 90 DAY SUPPLY)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Note (ELIGIBLE FOR 90 DAY SUPPLY)
<b>Asthma/Copd Tx - Beta-Adrenergic-Anticholinergic-Glucocorticoid Comb,</b>	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	ST
<b>Cystic Fibrosis - Inhaled Aminoglycosides</b>	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	S
<b>Cystic Fibrosis-Transmembrane Conductance Regulator (Cftr) Potentiator</b>	
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	PA; QL (2 EA per 1 day); S; LA
KALYDECO ORAL TABLET 150 MG	PA; QL (2 EA per 1 day); S; LA
<b>Cystic Fib-Transmemb Conduct. Reg.(Cftr) Potentiator And Corrector Cmb</b>	
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	PA; QL (2 EA per 1 day); S
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	PA; QL (2 EA per 1 day); S; LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	PA; QL (4 EA per 1 day); S; LA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	PA; QL (2 EA per 1 day); S; LA

Drug Name	Notes
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	PA; QL (2 EA per 1 day); S; LA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	PA; QL (3 EA per 1 day); S; LA
<b>Decongestant-Expectorant Combinations</b>	
MUCUS D ORAL TABLET EXTENDED RELEASE 12 HR 60-600 MG	
MUCUS RELIEF D (PSEUDOEPHED) ORAL TABLET EXTENDED RELEASE 12 HR 60-600 MG	
<i>pseudoephedrine-guaifenesin oral tablet extended release 12 hr 60-600 mg</i>	
<b>Expectorants - Single Agents, General</b>	
ADULT TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5 ML	
ADULT WAL-TUSSIN ORAL LIQUID 100 MG/5 ML	
CHILD MUCUS RELIEF EXPECTORANT ORAL LIQUID 100 MG/5 ML	
CHILDREN'S CHEST CONGESTION ORAL LIQUID 100 MG/5 ML	
COUGH SYRUP ORAL LIQUID 100 MG/5 ML	
EXPECTORANT COUGH SYRUP ORAL LIQUID 100 MG/5 ML	
EXPECTORANT ORAL LIQUID 100 MG/5 ML	
EXPECTORANT ORAL TABLET 200 MG	
GERI-TUSSIN ORAL LIQUID 100 MG/5 ML	
<i>guaifenesin oral liquid 100 mg/5 ml</i>	
<i>guaifenesin oral tablet 200 mg, 400 mg</i>	
<i>guaifenesin oral tablet extended release 12hr 600 mg</i>	
MAXTUSSIN ORAL LIQUID 100 MG/5 ML	
MUCUS RELIEF ER ORAL TABLET EXTENDED RELEASE 12HR 600 MG	
TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5 ML	
TUSSIN MUCUS-CHEST CONGESTION ORAL LIQUID 100 MG/5 ML	
TUSSIN ORAL LIQUID 100 MG/5 ML	
WAL-TUSSIN ORAL LIQUID 100 MG/5 ML	
<b>Mucolytics</b>	
PULMOZYME INHALATION SOLUTION 1 MG/ML	S
<b>Nasal Corticosteroids</b>	
24 HOUR ALLERGY RELIEF NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	

Drug Name	Notes
ALLER-FLO NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	
ALLERGY RELIEF (FLUTICASONE) NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	
CLARISPRAY NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	
<b>Nasal Moisturizers</b>	
ALTAMIST NASAL AEROSOL,SPRAY 0.65 %	
CHILDREN'S SALINE NASAL SPRAY NASAL AEROSOL,SPRAY 0.65 %	
DEEP SEA NASAL NASAL AEROSOL,SPRAY 0.65 %	
LITTLE REMEDIES NASAL AEROSOL,SPRAY 0.65 %	
LITTLE REMEDIES SALINE NASAL AEROSOL,SPRAY 0.65 %	
NASAL MOISTURIZING NASAL AEROSOL,SPRAY 0.65 %	
NASAL SPRAY (SODIUM CHLORIDE) NASAL AEROSOL,SPRAY 0.65 %	
SALINE MIST NASAL AEROSOL,SPRAY 0.65 %	
SALINE NASAL MIST NASAL AEROSOL,SPRAY 0.65 %	
SALINE NASAL NASAL AEROSOL,SPRAY 0.65 %	
SALINE NOSE NASAL AEROSOL,SPRAY 0.65 %	
<b>Nasal Sympathomimetic Decongestants (Intranasal)</b>	
12 HOUR NASAL RELIEF SPRAY NASAL SPRAY,NON-AEROSOL 0.05 %	
12 HOUR NASAL SPRAY NASAL SPRAY,NON-AEROSOL 0.05 %	
AFRIN (OXYMETAZOLINE) NASAL MIST 0.05 %	
AFRIN NO DRIP(OXYMETAZOLIN) NASAL MIST 0.05 %	
ANEFRIN NASAL MIST 0.05 %	
ANEFRIN NASAL SPRAY,NON-AEROSOL 0.05 %	
CHILD MUCINEX STUFFY NOSE SPRY NASAL SPRAY,NON-AEROSOL 0.05 %	
DRISTAN LONG LASTING NASAL SPRAY,NON-AEROSOL 0.05 %	
GILTUSS SEVERE SINUS NASAL MIST 0.05 %	
LONG ACTING NASAL SPRAY NASAL SPRAY,NON-AEROSOL 0.05 %	
MUCINEX SINUS-MAX NASAL SPRAY,NON-AEROSOL 0.05 %	
NASAL DECONGESTANT (OXYMETAZL) NASAL SPRAY,NON-AEROSOL 0.05 %	

Drug Name	Notes
NASAL SPRAY (OXYMETAZOLINE) NASAL SPRAY, NON-AEROSOL 0.05 %	
NASAL SPRAY 12HR(OXYMETAZOLINE NASAL MIST 0.05 %	
NASAL SPRAY 12HR(OXYMETAZOLINE NASAL SPRAY, NON-AEROSOL 0.05 %	
NO DRIP NASAL MIST NASAL MIST 0.05 %	
NO DRIP NASAL SPRAY, NON-AEROSOL 0.05 %	
ORIGINAL NASAL SPRAY NASAL SPRAY, NON-AEROSOL 0.05 %	
<i>oxymetazoline nasal spray, non-aerosol 0.05 %</i>	
SINUS NASAL SPRAY NASAL SPRAY, NON-AEROSOL 0.05 %	
SINUS RELIEF (OXYMETAZOLINE) NASAL MIST 0.05 %	
SINUS RELIEF (OXYMETAZOLINE) NASAL SPRAY, NON-AEROSOL 0.05 %	
VICKS QLEARQUIL(OXYMETAZOLINE) NASAL MIST 0.05 %	
VICKS SINEX 12-HOUR NASAL SPRAY, NON-AEROSOL 0.05 %	
VICKS SINEX ULTRA FINE MIST 12 NASAL MIST 0.05 %	
<b>Non-Opioid Antitussive-1st Gen. Antihistamine-Decongestant Combinations</b>	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	
<b>Non-Opioid Antitussive-Antihistamine Combinations</b>	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	
<b>Non-Opioid Antitussive-Decongestant-Expectorant Combinations</b>	
ACTIDOM DMX ORAL LIQUID 10-30-200 MG/5 ML	
ADULT ROBITUSSIN PEAK COLD M-S ORAL LIQUID 5-10-100 MG/5 ML	
BIODESP DM ORAL LIQUID 5-15-100 MG/5 ML	
BRONTUSS SF ORAL LIQUID 10-15-300 MG/5 ML	
DESGEN DM ORAL LIQUID 5-10-100 MG/5 ML	
DESPEC DM-G ORAL LIQUID 5-10-100 MG/5 ML	
DESPEC EDA COUGH-COLD DROPS ORAL DROPS 2.5-5-50 MG/ML	
DESPEC-DM (PHENYLEPH-DM-GUAIF) ORAL LIQUID 5-10-100 MG/5 ML	
DOMETUSS-DMX ORAL LIQUID 10-30-200 MG/5 ML	
ROBAFEN CF (PHENYLEPHRINE) ORAL LIQUID 5-10-100 MG/5 ML	
TUSSIN CF (PE-DM-GUAIF) ORAL LIQUID 5-10-100 MG/5 ML	

Drug Name	Notes
TUSSIN CF COUGH-COLD ORAL LIQUID 5-10-100 MG/5 ML	
WAL-TUSSIN COUGH AND COLD CF ORAL LIQUID 5-10-100 MG/5 ML	
<b>Non-Opioid Antitussive-Expectorant Combinations</b>	
ADULT WAL-TUSSIN DM MAX ORAL LIQUID 10-200 MG/5 ML	
ANTITUSSIVE DM ORAL SYRUP 10-100 MG/5 ML	
BIOCOTRON ORAL LIQUID 10-100 MG/5 ML	
CHEST CONGESTION RELIEF DM ORAL SYRUP 10-100 MG/5 ML	
CHILD CHEST CONGESTION-COUGH ORAL LIQUID 5-100 MG/5 ML	
CHILD COUGH-CHEST CONGEST DM ORAL LIQUID 5-100 MG/5 ML	
CHILD DELSYM COUGH-CHEST DM ORAL LIQUID 5-100 MG/5 ML	
CHILD MUCUS RELIEF COUGH ORAL LIQUID 5-100 MG/5 ML	
CHILDREN'S COUGH ORAL LIQUID 5-100 MG/5 ML	
CHILDREN'S GILTUSS COUGH-CHEST ORAL LIQUID 10-100 MG/5 ML	
CHILDREN'S MUCINEX COUGH ORAL LIQUID 5-100 MG/5 ML	
CHLD ROBITUSSIN COUGH-CHEST DM ORAL LIQUID 5-100 MG/5 ML	
COUGH-CHEST CONGESTION DM ORAL LIQUID 5-100 MG/5 ML	
DELSYM COUGH-CHEST CONGEST DM ORAL LIQUID 5-100 MG/5 ML	
<i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5 ml</i>	
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5 ml</i>	
DIABETIC TUSSIN DM ORAL LIQUID 10-100 MG/5 ML, 10-200 MG/5 ML	
DM MAX ORAL LIQUID 5-100 MG/5 ML	
EXPECTORANT DM ORAL SYRUP 10-100 MG/5 ML	
GERI-TUSSIN DM ORAL LIQUID 10-100 MG/5 ML	
GILTUSS COUGH-CONGESTION ORAL LIQUID 10-100 MG/5 ML	
GILTUSS DIABETIC ORAL LIQUID 10-100 MG/5 ML	
GILTUSS HBP ORAL LIQUID 10-100 MG/5 ML	
GUAIASORB DM ORAL LIQUID 10-100 MG/5 ML	
KINDERMED KIDS COUGH-CONGEST ORAL LIQUID 5-100 MG/5 ML	

Drug Name	Notes
MAXI-TUSS G ORAL LIQUID 10-100 MG/5 ML	
MAXI-TUSS GMX ORAL LIQUID 10-200 MG/5 ML	
MAXTUSSIN DM ORAL LIQUID 10-100 MG/5 ML	
MUCINEX FAST-MAX DM MAX ORAL LIQUID 5-100 MG/5 ML	
MUCUS DM ORAL TABLET EXTENDED RELEASE 12 HR 30-600 MG	
MUCUS RELIEF DM MAX ORAL LIQUID 5-100 MG/5 ML	
ROBAFEN DM COUGH-CHEST CONGEST ORAL SYRUP 10-100 MG/5 ML	
ROBITUSSIN COUGH-CHEST CONG DM ORAL LIQUID 5-100 MG/5 ML	
ROBITUSSIN HONEY MAX DM ORAL LIQUID 5-100 MG/5 ML	
SAFE TUSSIN DM ORAL LIQUID 10-100 MG/5 ML	
SORBUGEN NR ORAL LIQUID 10-100 MG/5 ML	
TUSNEL DIABETIC ORAL LIQUID 10-100 MG/5 ML	
TUSSIN COUGH-CHEST CONGESTION ORAL LIQUID 10-100 MG/5 ML	
TUSSIN DM CLEAR ORAL LIQUID 10-100 MG/5 ML	
TUSSIN DM COUGH AND CHEST ORAL LIQUID 5-100 MG/5 ML	
TUSSIN DM COUGH AND CHEST ORAL SYRUP 10-100 MG/5 ML	
TUSSIN DM MAX ORAL LIQUID 10-200 MG/5 ML, 5-100 MG/5 ML	
TUSSIN DM ORAL LIQUID 10-100 MG/5 ML	
TUSSIN DM ORAL SYRUP 10-100 MG/5 ML	
ULTRA TUSS SAFE ORAL SYRUP 10-100 MG/5 ML	
WAL-TUSSIN DM CLEAR ORAL SYRUP 10-100 MG/5 ML	
WAL-TUSSIN DM ORAL SYRUP 10-100 MG/5 ML	
<b>Opioid Antitussive-1st Generation Antihistamine Combinations</b>	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	PA; Note (PA FOR AGE <18)
<b>Opioid Antitussive-Anticholinergic Combinations</b>	
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml, 5-1.5 mg/5 ml (5 ml)</i>	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	
HYDROMET ORAL SOLUTION 5-1.5 MG/5 ML	

Drug Name	Notes
<b>Opioid Antitussive-Decongestant-Expectorant Combinations</b>	
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	PA; Note (PA FOR AGE <18)
<b>Opioid Antitussive-Expectorant Combinations</b>	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	PA; Note (PA FOR AGE <18)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	PA; Note (PA FOR AGE <18)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML	PA; Note (PA FOR AGE <18)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML	PA; Note (PA FOR AGE <18)
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	PA; Note (PA FOR AGE <18)
<b>Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy</b>	
<i>pirfenidone oral capsule 267 mg</i>	PA; QL (6 EA per 1 day); S
<i>pirfenidone oral tablet 801 mg</i>	PA; QL (3 EA per 1 day); S
<b>Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors</b>	
OFEV ORAL CAPSULE 100 MG, 150 MG	PA; S; LA
<b>Systemic Sympathomimetic Decongestants</b>	
12 HOUR DECONGESTANT ORAL TABLET EXTENDED RELEASE 120 MG	
12 HOUR NASAL DECONGEST (PSE) ORAL TABLET EXTENDED RELEASE 120 MG	
LONG ACTING NASAL DECONG (PSE) ORAL TABLET EXTENDED RELEASE 120 MG	
NASAL DECONGESTANT (PSEUDOEPH) ORAL TABLET 30 MG	
NASAL DECONGESTANT (PSEUDOEPH) ORAL TABLET EXTENDED RELEASE 120 MG	
<i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	
<i>pseudoephedrine hcl oral tablet extended release 120 mg</i>	
SINUS 12 HOUR ORAL TABLET EXTENDED RELEASE 120 MG	
SUDOGEST 12-HOUR ORAL TABLET EXTENDED RELEASE 120 MG	
SUDOGEST ORAL TABLET 30 MG, 60 MG	
SUPHEDRIN ORAL TABLET 30 MG	
SUPHEDRINE 12 HOUR ORAL TABLET EXTENDED RELEASE 120 MG	
SUPHEDRINE ORAL TABLET 30 MG	
WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 120 MG	
WAL-PHED D ORAL TABLET EXTENDED RELEASE 120 MG	

Drug Name	Notes
WAL-PHED ORAL TABLET 30 MG	
<b>VAGINAL PRODUCTS</b>	
<b>Vaginal Anesthetic Combinations</b>	
ANTI-ITCH VAGINAL (BENZ-RESOR) TOPICAL CREAM 5-2 %	
VAGICAINE TOPICAL CREAM 5-2 %	
<b>Vaginal Antibacterial - Lincosamides</b>	
<i>clindamycin phosphate vaginal cream 2 %</i>	
<b>Vaginal Antifungal - Imidazoles</b>	
1-DAY VAGINAL OINTMENT 6.5 %	
CLOTRIMAZOLE 3 DAY VAGINAL CREAM 2 %	
<i>clotrimazole vaginal cream 1 %</i>	
CLOTRIMAZOLE-3 VAGINAL CREAM 2 %	
CLOTRIMAZOLE-7 VAGINAL CREAM 1 %	
GYNE-LOTRIMIN 7 VAGINAL CREAM 1 %	
<i>miconazole nitrate vaginal comb pack,prefill appl, cream 4 % (200 mg)- 2 % (9 gram)</i>	
<i>miconazole nitrate vaginal cream 2 %</i>	
MICONAZOLE-3 PREFIL,CREAM,WIPE VAGINAL KIT 4 % (200 MG)- 2 % (9 GRAM)	
MICONAZOLE-3 VAGINAL COMB PACK,PREFILL APPL, CREAM 4 % (200 MG)- 2 % (9 GRAM)	
MICONAZOLE-3 VAGINAL CREAM 200 MG/5 GRAM (4 %)	
MICONAZOLE-3 VAGINAL KIT 200 MG- 2 % (9 GRAM)	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	
MICONAZOLE-7 VAGINAL CREAM 2 %	
<i>miconazole-skin clnsr17 vaginal kit 4 % (200 mg)- 2 % (9 gram)</i>	
MONISTAT 3 VAGINAL CREAM 200 MG/5 GRAM (4 %)	
<i>tioconazole vaginal ointment 6.5 %</i>	
TIOCONAZOLE-1 VAGINAL OINTMENT 6.5 %	
<b>Vaginal Antifungal - Triazoles</b>	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	
<i>terconazole vaginal suppository 80 mg</i>	
<b>Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives</b>	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	
<b>Vaginal Estrogens</b>	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	
<i>estradiol vaginal tablet 10 mcg</i>	

Drug Name	Notes
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	
YUVAFEM VAGINAL TABLET 10 MCG	
<b>WEIGHT LOSS/GAIN AGENTS</b>	
<b>Appetite Stimulants - Progestin Hormone Type</b>	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	



<i>alcohol swabs</i> .....	32	ALYACEN 7/7/7 (28).....	68	ANTIBIOTIC (NEOMY-	
ALCOHOL WIPES.....	32	ALYFTREK.....	143	BACIT-POLYM).....	72
ALECENSA.....	24	ALYQ.....	52	ANTIBIOTIC-PAIN RELIEF	
<i>alendronate</i> .....	97	<i>amantadine hcl</i> .....	56, 57	(BACIT).....	73
ALER-CAP.....	136, 137	<i>ambrisentan</i> .....	52	ANTI-DIARRHEAL	
<i>alfuzosin</i> .....	116	AMETHIA.....	64	(LOPERAMIDE).....	104
ALKA-SELTZER PLUS		AMETHYST (28).....	65	ANTIFUNGAL	
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